State of Maryland / Department of Health and Mental Hygiene 40501 ITEM#24a-29a PER DOC. FILM#G743 1-7-97 J. Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Deta of Death 3. Time of Death Dev Year **Physician** Jennie Spjut December 17, 1996 7:30 a.m. /Medical 4e. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 8402 Merrymount Drive Randallstown Baltimore 5. Social Security Number 7. Age (In yrs. last birthday). if Undar 1 Yaar If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Montha Deys Yrs. Director 219-07-5764 July 30, 1917 Maryland Usuel Rasidence of Decedent 10a. Stete 10c. City, Town or Location 10b. County 10d. fnside City Limits 28a-f show pemit. Peges 1 and 2 should be filed within 72 hours effer deeth with the Marylar Department of Health and Mental Hygiene. Important: If Item 27 is marked other then "natural", or items 23a or 28a-f show any injury or other traumstic event, the Medical Examinar must be notified as Randallstown Maryland Baltimore 1 ☐ Yes 2 ☐ No Director 10e. Street and Number 10f. Zip Code 10o. Citizen of What Country? 8402 Merrymount Drive Funeral U.S.A. 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puerto Ricen, etc.) 14. Rece - American Indien, Black, White, etc. 1 Yas 2 No
If Yes, Give
Yaer or Dates: 1 Nevar Marriad 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yea 25 No Specify: White Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 18e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamentery/Secondery (0-12) College (1-4or 5+) High School Principal Education 17. Fether'a Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Moses Levin unknown 2 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Kim Alison/Grat-Niece unknown - Denver, Golorado 20e. Method of Disposition 20b. Plece of Diaposition (Name of cemetery, crematory or other place) Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Steta 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Turnial Service Licenses S. Wade, 22. Name and Addrass of Facility
State Anatomy Board-655 W. Baltimore Street Director valle ander Baltimore, Maryland 21201-1559 23a. Part Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, allows, or heart feiture. List only one cause on each line. Approximata Interval Between Onset end Death **Physician** /Medical immedlete Cause (Finei · Emphysema 10 years disease or condition resulting in deeth) Examiner Due to (or ea e consequança of): Examiner physician and the buriel-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Diseese or Injury that initieted events resulting in death) Lest Due to (or as a consequence of): Box 68760. certificete be Physician/Medical Due to (or es e consequence of): USB 88 t attending Records, P.O. the Pert ti. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 3 Probably 4 Unknown Yes 2 No Kheumatoid arthritis þ 24b. Were autopsy findings Completed 24e. Wea en eutopay available prior to completion of causa of death? performed' MO. certificate 1 Yaa 2 No 1 ☐ Yes 2 ☐ No Division of Vital al or Attending Physician: The safter death.

I Director: After this certificated in by the funeral director, ps 25. Wes case referred to medical 28. Place of Death (Check only one) examiner? Other: 4 Nursing Homa 5 Pesidence 8 Other (Specify) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1□ Yes 2 No To 27. Manner of Deeth 28e. Dete of tnjury (Month, Day Year) 28b. Time of 28c. tnjury et Work? 28d. Describe how Injury occurred Certification: 1 Neturai 2 Accident Injury 5 Pending Investigation 1 Yas 2 No 6 Could not be determined 3 Suicida 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours a To the Funeral D Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basia of exemination and/or investigation, in my opinion, death occurred at the time, date end piace, and due to the ceuse(s) end menner stated. 29a. Certifles Medical (Check only one) 29b. Signature and title of portific 29c. License number 29d. Dete signed (Month, Day, Year) 12/20/96 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

Susan molinary, MD, 10755 Falls Pd, Suite 200, Lutherville My 21093

32. Registrer's Signeture

Julia Davidson

State Registrar 31. Dete filed (Month, Dey, Year)

PHMH 16 Ray 6/95

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State of Maryland / Department of Health and Mental Hygiene 40502 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month SCHUCALTER DECEMBER 31 1986 4e. Fecility Nema (If not institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Deeth BALTIMORE. RANDALLSTOWN HOSPITAL CENTER If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 1□M 2√2 F 86 SEPT. 19, 1910 10b. County 10c. City, Town or Location 10d. Inside City Limits Yas 2 No N/A BALTIMORE 10f. Zip Code 10g, Citizen of What Country? 3212 SHELBURNE ROAD 21208 U.S.A. 12. Was Decedant Ever In U,S. Armed Forcas? 14. Rece - Amarican Indian, Biack, Whita, atc. 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 1 Never Married 2 Merried 1 ☐ Yes ZANO if Yes, Give Yaar or Dates: 1 ☐ Yes ACXNo Specify: WHITE 3 ☐Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) HOUSEWIFE OWN HOME 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) BASS YETTA SEGAL 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1816 COURTYARD CIRCLE FERNE ANSHEN / NIECE BALTIMORE, MD 21208 20b. Plece of Disposition (Name of cemetary, cremetory or other plece) 20c. Location - City or Town, Stata XX Buriel 2 Crestation 3 Removal from Stat 4 Donetlon 5 Other (Specific BETH JACOB CONGREGATION 1/2/97 FINKSBURG, MD 22. Name and Address of Fecility SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 or implications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory errest, PNEUMONIA Due to (or es e consequence of) Due to (or es e consequence of):

Physician ///ledical

Physician

/Medical

Examiner

Director

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Completed

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If item 27 is marked other than "natural", or items 23s or or other treumatic svent, the Medical Examiner must be a

be filed within 72 hours a tal Hygiena. d other than "natural", o

pemit. Pages 1 and 2 should be file Department of Heath and Mental Hy Important: If flear 27 is marked other eny Injury or other traumette access

Maryland 21215-0020

Baltimore,

the Maryland

SARA

NORTHWEST

5. Soclei Security Number

10e State

MARYLAND

10e. Street and Number

MORRIS

20e. Method of Disposition

577-28-6709

Usuel Residence of Decedent

12

Physician/Medicai Completed Be

Certification: To

Medical

29a, Cartifier

Box 68760, 2 Records, P.O. certificata Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics completely filled in by the funeral director, Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest

Immediate Cause (Finel disasse or condition resulting in deeth)

Due to (or es e consequence of):

Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. METASTATIC

RREAST

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 DUnknown

24b. Wera sutopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed?

1 Yes 2 No 26. Plece of Deeth (Check only one)

1 ☐ Yes 2 ☐No

25. Was case referred to medical exeminer? 1□ Yes 2☑Wo Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending 1 Yes 2 No investigation ☐ Accident

6 Could not be determined 3 Suicide 28a. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) end manner as steted.

2 | Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end menner steted. 29b. Signetura and titla of oprtifiar

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) BALTO.

State Registrar 31. Dete filed (Month, Day, Year) JAN 07 1997

32. Registrer's Signeture wha Deutson Pandell

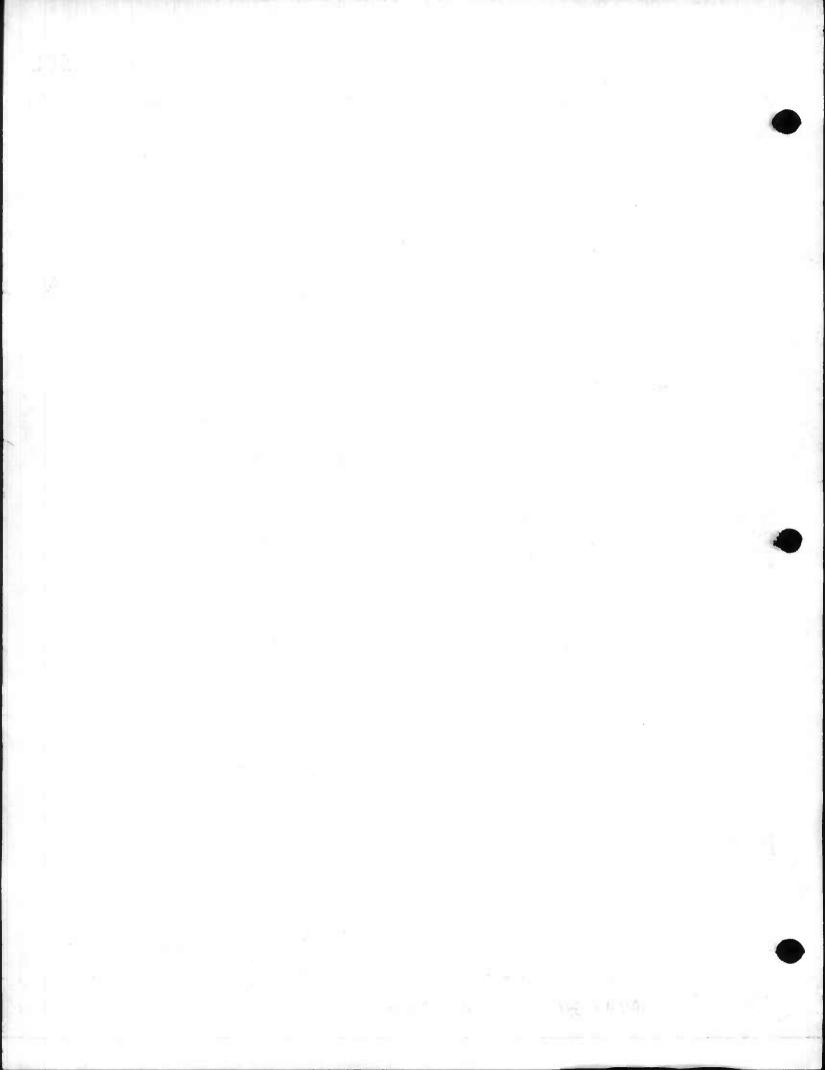
DHMH 16 Rev 6/95

37333 DECEMBER 31,1996

29d. Data signed (Month, Day, Year)

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	Physic /Medi		1. Decedent's Name (First, Middle, Last Rosaline Bushel S	terman					26 Dey 1996				
	Examin Funeral Director	ner	4e. Facility Neme (If not institution, give Holy Cross Hospit 5. Sociel Security Number 061-03-5568	al	rs. last birthday Yrs.) If Under 1 Year Months Deys		pring 8. Dete of Bird	Mont;	of Deeth gomery 9. Birthplece (State or Foreign Country) New Jersey			
	yland		Usual Residence of Decadent 10e. Stete 10b. County	10c. (City, Town or L	ocation		10d. inside City Limits					
	r 28a-f sh	Director	Md. Montgomer	y Si	lver S _l	oring 10f. Zip Code			10g. Citizen of V	1 √ Yes 2 □ No Whet Country?			
	23a o		1304 Xaveria Drive			20903			U.S.	Α.			
020	72 hours after death with the Maryland natural, or items 23a or 28a-f show deat Examiner must be notified at	by Funeral	11. Maritei Stetus 1 □ Never Merried 2 □ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Ever In Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Giva Yeer or Detes:	U,S. 13.	Wes Decedent of if Yes, specify Cut		Specify Yes or No- to Rican, etc.)	14. Rac Bled Specify	e-American Indien, ck, White, etc. White			
	C * 9	Completed	15. Decadent's Edu (Specify only highest gred Elementery/Secondery (0-12)	cation e completad) College (1-4or 5+)	(Give	adent's Usuel Occu e kind of work done DO NOT use retire	petion a during most of wa ad)	orking	16b. Kind of Businass/Industry				
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aryl	SPE	To	Harry Bushel 19e. Informent's Name/Reletionship (7)	rpe, Print)	19b. Meli	ing Address (Stree	Becky t and Number or Fi		er, City or Town,	Stete, Zip Code)			
Je,	Heal Heal Iem 2 other		Milton Sterman/Hus 20e. Method of Disposition **Burlei 2 Cremetion 3 F	20b.	Pleca of Disp	Xaveria osition (Neme of emetory or other ple		lver Spr		. 20903 City or Town, Stete			
Baltimore,	permit. Pages Department of Important: If II any Injury or once.		**Suriei 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) Beth David Cemetery 12/30/96 Elmont, New York 21. Signeture of Lucrate Structure o										
2	Physician /Medicai Examiner		23e. Pert1. Enter the disease, or complishock, or heart feilure. List only of immediate Cause (Finel disease or condition resulting in deeth)		eth. Do not en	iter the mode of dy	ing, such es cardie	c or respiretory er	rest,	Approximete intervel Between Onset end Deeth			
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Divis	an Day of	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined	28e. Plece of Injury - At building, etc. (Spec		reet, fectory, office		28f. Location (S City or Ton	Street end Numb m, Steta)	per or Rural Route Number,			
- 9	Puner Funer Puner etaly fil	edicai	29a. Certifiar 1 Certifying Physical Check only one)	lician: To the best of my kn ner: On the basis of examin end manner stated.	nowledga, daet netion end/or in	h occurred et the ti vestigation, in my	ma, data and piaco opinion, deeth occi	e, and due to the curred et the time, c	ceusa(s) and ma data and pleca, o	nner as stated. end due to the ceuse(s)			
	To the	Me	29b. Signeture end title of certifier	EDIM		29c. Licen	se number		29d. Date signed (Month, Dey, Year)				
	12		30. Name end addrass of parson who co	molated causa of death (its	am 23a) (Type,		G COR	(A 2)	06.	School Splang/1			
	Sta	te	31. Dete filed (Month, Dam Year)	39 Ragistrar's Sign	nature Ande	00_				20902			

DHMH 16 Rev 6/95



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							rtificate d		л ментат пу	Reg. No.	0 4	0504
Phys	icia	ח	Decedent's Name (First, Middle, L.	nst)					2. Date of De Month	ath Day	Yeer	3. Time of Death
/Me			Richard			VANDI	ERHOOF			er 31,		12:45 pm
Exan	nine	er	4a. Facility Neme (If not institution, gi						or Location of Deatl	4c. County	of Death	
			Franklin Square					Balti			imore	
Funer Directo				Sex 7 NDM 2□F	. Age (In yrs	. lest birthdey) Yrs.	If Under 1 Ye Months Da			th y, Year) ,1909	9. Birthpla Country New J	ce (Stete or Foreign y) ersey
puel Maria		1	10a. Stete 10b. County		10c. C	ity, Town or Lo	ocation				100	d. Inside City Limits
Mery		to	Maryland Balt:	lmore			Bal	timore				1 ☐ Yes 2 🕅 No
r 28e		9	10e. Street end Number				10f. Zip Cod	0	10g. Citizen of What Country			y?
1th witi		a	9522 Perry Hall	Blvd.,	Apt.	201	212	36		U.S	.A.	
filled within 72 hours after death with the Meryland Hygiene. Arther than "natural", or frems 23s or 28s-f ahow ant, the Medical Evancies court be notified at		by Fur	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Deced Armed Forc 1 Yes 2 If Yes, Give Year or Date	es? XI No		Was Decedent of Yes, specify 0		(Specify Yes or No erto Rican, etc.)		ce - American ck, White, et v: Whi	c.
d within 72 hours af giene. or than "natural", or , the Medical Exam		Completed	15. Decedent's Eigenvalue (Specify only highest gr	ducation ade completed) College (1-4	or 5+)	(Give	DO NOT use re	ne during most of v	vorking	16b, Kind of B		stry
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2500	-	m l							leme (First, Middle,	Melden Suman	ne)	
and 2 should saith and Men 127 is marke or traumatic	ı	2										
d 2 sho th and 7 Is me traum		19e. Informant's Name/Relationship (Type, Print) Anthony Santoro (son-in-law) 19b. Melling Address (Street and Number or Rural Route Num 9213 Bowline Road, Baltimo									. State, Zip C 21236	20 0e)
-466		-	20a. Method of Disposition	(bon In	20b.	Place of Dispo	sition (Neme of		Dete	20c. Location		n. State
permit. Pages 1 ar Department of Hea Important: If Itam 2 any Injury or other			1 X Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci		ate		dee Mem	olace) 'l Park	1 // /07			
nit. Partmoortar	9	-	21. Signature of Funerel Service Lice	**	Me			dress of Facility	1/4/97	Baltimo	re, ma	ryland
Dep	ouce		1 117	111:					al Homes, Baltimo		21236	
Physicia /Medica Examine	al er	Jet	tmmediete Cause (Finel disease or condition resulting in death)	e. Adeno		noma wi	th Meta	stasis			1	2 Months
ifficate be executed g physician and as the burial-transit		Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b. ————	Due to (or as a consec	juence of):				 	
		resulting In death) Lest Due to (or es e consequence of):										
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requir		Completed								an eutopsy med?	avali	autopsy findings able prior to pletion of cause path?
- 50									10	Yes 2 No	10	Yes 2□ No
Physician: The this certificate ral director, pag	0		25. Was case referred to medical examiner?	Hospital:				Other	eath (Check only o			
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or Attending is after death. Director: After d in by the funer	Contistional	ICATIO	1 Natural 5 Pending investigatio 3 Suicide 6 Could not be determined	(Month,	Dey Year)	Injury		ijury at Vork? ☐ Yes 2 ☐ No		Street and Numb		Route Number
To the Hospital or Attending within 24 hours after death. To the Futheral Director: After completely filled in by the fune			Tomicide	bullding	, etc. (Speci	(fy)			City or Tox	vn, State)		
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within To the comple	1		29b. Signature and title of certifier				29c. Lice	ense number		29d. Date signe	d (Month, De	ey, Year)
10		L	30. Name and address of person who	completed cause	of death (Ite	m 23a) (Tune		50391		Decemb	er 31	, 1996
Y		1	Anthony Campbel					e Drive	Baltimor	e. Mars	land	21237
	tate	•	31. Date filed (Month, Day, Year)		strar's Sign		Dquut		Dazozmot	e, mary		-1

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

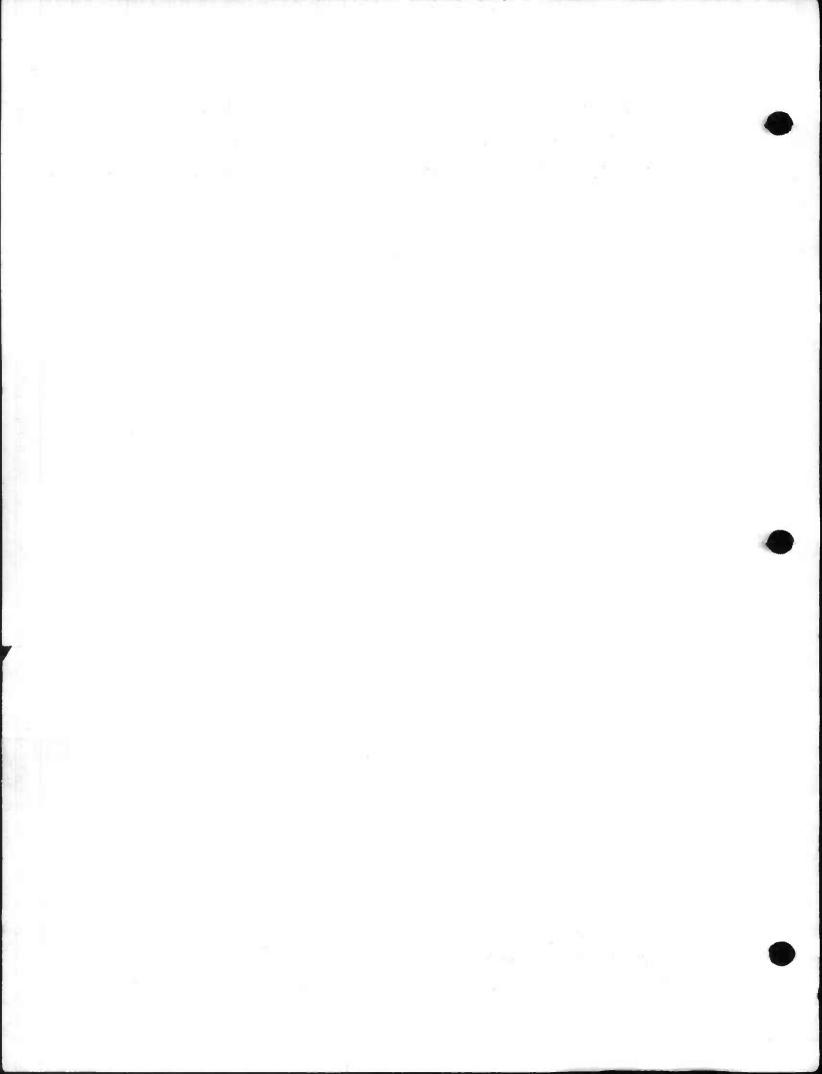
Certificate of Death

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					CON	meate of	Death		Reg. No.		
	Physic /Medi		Decedent's Nama (First, Middle, Last) JOHN H. WALK	ER				2. Date of De Month NOV •	25 1	996'	3. Time of Death 8:58 p.m.
2	Exami	ner	4a. Facility Name (If not institution, give s DVA MEDICAL CENTER	,FORT HOWARD, M			4b. City, Town, or I	VARD	BA	y of Death LTIMO	RE
	Funeral Director		229-42-1730	7. Age (In yrs. last	birthday) Yrs.	Months Days		8. Date of Bir (Month, Da May 9,	th 1921	9. Birthpl Gount Maybe:	ace (Stata or Foreign try) rry, W. Va
	Maryland a-f show	ctor	Usual Rasidance of Decedent 10a. State 10b. County	10c. City, To	own or Local	ation CIT	1			10	0d. Inside City Limits 1 ☑ Yes 2 ☑ No
	23a or 28	Funeral Director	10e. Street and Number 20 N. Broad Wa	-V		10f. Zip Code			10g. Citizan of What Country?		
0200	72 hours after death with the Maryland natural; or items 23a or 28a-f show diest Examiner must be notified at	by	11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar in U,S. Armed Forces? 1 ™ Yes 2 □ No If Yas, Giva Yaar or Datas:		as Dacedant of Yes, specify Cul	Hispanic Origin? (Span, Mexican, Puerti Specify:	pecify Yas or No o Rican, etc.)	14. Rad Bla Specifi	ce - Amarica ck, White, e	
21215-0020	d within giene. r than	Completed	15. Dacedent's Educ (Specify only highest grade Etementary/Secondary (0-12)	cation 16 Completed) Collega (1-4or 5+) NKNOWN	(Give k	int's Usual Occu ind of work done O NOT use retin	during most of wor	king	16b. Kind of B	usinass/Ind	ustry
Maryland	2 should be filed and Mental Hygis is marked other aumatic event, in	To Be C	17. Father's Name (First, Middle, Last)	18. Mothar's Nama (First, Middle, Malden Surnama) MN KN (WN) Det and Number or Rural Route Number, City or Town, State, Zip Code)							
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Baltimore,	permit. Pages Department of I Important: If Ite any injury or o		1 ≥ Burial 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licanse	emoval from State	sville	Vet. Cer Name and Addr	mentery i	2-10-96 VIN Car	crowns 1	lille nera	Mcl. Home
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	he Hospital in 24 hours he Funeral pletely filled	edical	29a. Certifier (Check only one) 1 Acertifying Phyel 2 Medical Examination)	clan: To the best of my knowled er: On the basis of examination a and manner stated.	ge, daath o and/or Inve	occurred at the t stigation, in my	ime, date and ptace, opinion, death occur	, and due to tha rred at the time,	causa(s) and made and place,	anner as sta end due to	ited. the cause(s)
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A			30. Nama and addrass of person who por	npteted cause of death (ttam 23a	a) (Type, Pi		5454		11/25	196	
1	V		DR. ARASTOO YAZDAN				ROAD, FO	RT HOWA	RD, MAR	YLAND	21052

DHMH 16 Rev 6/95

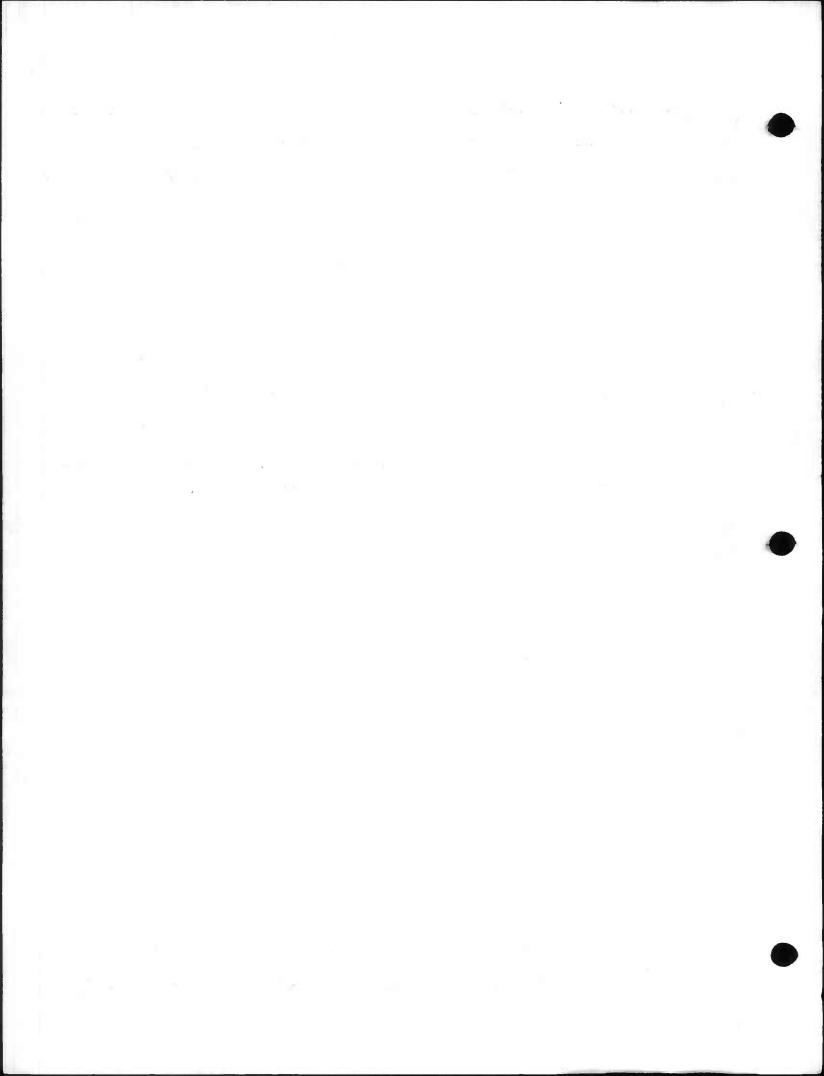
Registrar



State of Maryland / Department of Health and Mental Hygiene

96

					Cei	tificate of	Death		Reg. No.		.0000
	Physic	ian	1. Decedent's Neme (First, Middle, Last)	14HT				2. Dete of E	Dey	Year	3. Time of Death
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ľ	Funeral Director		5. Sociel Security Number 6. Sex 1 M 265F	7. Age (In yr.	s. lest birthdey) Yrs.	If Under 1 Year Months Deys		8. Date of E	1	9. Birtho	olece (State or Foreign otry) L Carolina
	r 28a-f show	or.	Usuel Residence of Decedent 10a. State 10b. County Maryland N/A	10c. C	City, Town or Lo						0d. inside City Limits 1 Yes 2 □ No
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	A O E	ă	2605 Latona Road						10g. Citizen of		itry r
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020	72 hours after death with the Meryland naturel, or Nems 23s or 28s-f show kicst Examiner must be notified at	by Funeral Director	1 Never Merried 2 Merried 1 Yes.	Forces? s 2 X No		Yes, specify Cub	Hispanic Origin? (Sen, Mexican, Puer Specify:	to Rican, etc.)	Ble Specif	otc.	
21215-0020		Be Completed	15. Decedent's Education (Specify only highest grade complete Elementery/Secondery (0-12) College	d) (1-4or 5+)	16a. Deced (Give life. L	lent's Usuei Occup kind of work done DO NOT use retire	pation during most of wo d)	rking	16b. Kind of B	susiness/inc	dustry
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Pu	e filed al Hygi other vent, il	3e C	17. Fether's Neme (First, Middle, Last)				18. Mother's Ne	me (First, Midd	le, Meiden Sumer	ne)	
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Maryland	s 1 and 2 should be filed f Health and Mental Hyg tem 27 is marked othe other traumatic event,		19e. Informent's Neme/Reletionship (Type, Print)		19b. Meilin	g Address (Street	and Number or R	ural Route Num	ber, City or Town	, State, Zip	Code)
-	1 and 2 Health em 27 i		Jean E. McMullen (Dght	r)	2605	Latona R	oad, Bal	timore.	Marylan	d 212	14
ore			20a. Method of Disposition		Pleca of Dispo	sition (Neme of netory or other ple		Dete	20c. Location		
Baltimore	permit. Page Department of Important: If I any injury or once.		1 ☐ Buriel 2 ☐ Cremetion 3 🕅 Removal fro 4 ☐ Donation 5 ☐ Other (Specify)	m Stete Ci	*		Ch. Cem.	1/4/97	Citrone	lle.	Alabama
att	mit.		21. Signeture of Funeral Service Licensee		22	. Neme end Addre	ess of Fecility			,	
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E C	the uner	Certification:	1)⊠Netural 5 Pending (M	e of Injury onth, Day Year)	28b. Time of Injury	28c. Inju Wo		28d. Describ	e how injury occur	rred	
Sic	Attending or death. ector: Afte by the fune	cat	2 Accident investigation 3 Suicide 6 Could not be				Yes 2□No				
Division	or At after of Direct In by	ŧ	determined 286. Ple	ce of Injury - Afili Iding, etc. (Spec	home, farm, stre sify)	eet, fectory, office		28f. Location City or T	(Street and Numi own, Stete)	ber or Hura	I Route Number,
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4	To the Hospital or Attending Physicien: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	ledical		he best of my kn besis of exemin enner steted.	owiedge, death etion end/or inv	estigetion, in my o	me, dete end piece oplinion, deeth occu	a, end due to the urred et the time	e ceuse(s) and m e, date and plece,	enner es si and due to	ated. the cause(s)
	To To To	Σ	29b. Signature end title of certifier	29c. License number						ed (Month,	Dey, Year)
	6		Jaran G. La	n. m	D	100	9270		1-131	196	
	10		30. Name and address of person who completed as	use of death (Ite	om 23a) (Type, I	Print) Lar	raritan	Hosp	BALTO	Ci	Tu
	Sta	ite	31. Dete filed (Month, Dey, Yeer)	Registrar's Sign	nature						-/
	Registi	_	JAN 07 1997	Davidson	-Handelle						



State of Maryland / Department of Health and Mental Hygiene 40507 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Year RUTH EILEEN WALLS DECEMBER 29, 1996 1:55 AM /Medical 4a. Fecllity Name (If not institution, give street end number) Examiner 4b. City, Town, or Location of Death 4c. County of Death 492 EAST WATERSVILLE ROAD MT. AIRY HOWARD If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Funeral 1□ M 2ŪXF Yrs. Director 219-10-0939 74 DEC. 29, 1922 MARYLAND Usuai Residenca of Decadent the Maryland 7 is marked other than "naturat", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 10a Stele 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 No Director MARYLAND HOWARD MT. AIRY 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 492 EAST WATERSVILLE ROAD 21771 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 12 should be filed within 72 hours after nend Mental Hygiane.

Is marked other than "naturat", or ite. 1 ☐ Yas 2 ☒ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: þ 3 ☐ Widowed 4 X Divorced Specify: WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 10 BOOKKEEPER PRIVATE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be THOMAS MORRIS 2 VIOLA TAYLOR 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pages 1 end 2 ment of Health ant: If item 27 ls CHARLES R. WALLS / SON other t 492 EAST WATERSVILLE ROAD, MT. AIRY, MD 21771 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other placa) Dete 20c. Location - City or Town, State 1 ₺ Buriai 2 □ Cremation 3 □ Removal from State DEC. 31, injury or permit. Page Depertment Important: If any injury or 4 ☐ Donetlon 5 ☐ Other (Specify) LOUDON PARK CEMETERY 1996 BALTIMORE, MARYLAND 21. Signature of Funeral Service Licensee 22. Name and Address of Facility LOUDON PARK FUNERAL HOME and Enterny & Dim 3620 WILKENS AVENUE, BALTIMORE, MARYLAND 21229 23a. Part1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** 1992 /Medical Immediete Ceuse (Final disease or condition resulting In death) Metastatic terminal Colo. notal Cancer Examiner Due to (or as a consequenca of): Examiner buriel-transit Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of): physician es the buriel-Box 68760. Physician/Medical Due to (or as e consequenca of): P.0. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed 1□ Yes 20 No certificata 1 Yes 2 No of Vital ystcian: 25. Was case referred to medical examiner? Be 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 1. Netural 2 ☐ Accident 5 Pending investigation 1 Yes 2 No 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as steled.

| Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) To the Within 2 To the comple 29b. Signature and title of the 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 015. Hochuli 3455 Wiltons Are soite 3-5 BC1+ M1. 21229 32. Registrar's Signature 31. Dete filed (Month, Day, Yeer) State JAN 07

www Davidson-Randall

DHMH 16 Rev 6/95

Registrar

Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40508 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 3. Time of Death 2 Date of Death Month 3:30 Pm 1996 Nancy Wozns 5 Ann Dec 4c. County of Death 4a. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death Hospital Montgomery Birthplace (State br Foreign Montgomery 5. Social Security Number 6. Sex)Ine General If Undar 24 Hrs 6. Data of Birth (Month, Day, Year) OCt. 11,1970 7. Aga (In yrs. last birthday) Days 1□M 2□E Months Hours Min Maryland 217 04 8249 26 Oct. Usuai Rasidence of Decedan 10h Counts 10c. City. Town or Location 10d. Insida City Limits 1 Yas 2 No Maryland Anne Arundel Crofton 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 1739 Tedbury Street 21114 United States 12. Was Decedent Evar in U,S. Armed Forcas? Wes Decedant of Hispanic Origin? (Specify Yes or No If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritai Status 1 ☐ Yas 2 No 1⊠ Navar Married 2 Merried Ves Give 1 ☐ Yas 🌣 🖾 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Yaar or Dalas 15. Decedant's Education (Specify only highest grada completed) 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT usa retired) Elamantary/Secondary (0-12) Collaga (1-4or 5+) 4 Artist/Management Retail 17. Father's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Maidan Sumama) Lawrence D. Wozny Roberta Ann Montanari 19a: Informant's Name/Ralationship (Type Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 6004 Hawthorne Street Cheverly Maryland 20785 Mary M. Woznysmith Sister 20a. Mathod of Disposition 20b. Pleca of Disposition (Nama of camatary, crematory or other place) 20c. Location - City or Town, Stete 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Removal from State Metropolitan Crematory 12/29/96 Alexandria Virginia 4 ☐ Donelion 5 ☐ Other (Specify) 21. Signature of Funaral Sarvice Licensee 22. Nama end Address of Facility Robert E. Evans Funeral Home, P.A. Kres 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximately Approximata Intarval Between Onset end Death Now Immediata Causa (Final disease or condition resulting in death) LUPUL NEPHRITI Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Dua to (or as a consequence of): that initiated avants rasulting in daath) Last Dua to (or as a consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the undarlying causa givan in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1□ Yes 2 No 1 Yas 2 10 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) axaminar? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 opatient 2 ER/Outpatient 3 DOA 1 Yas 2 No

28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29d. Data signed (Month, Day, Year)

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Physician Examiner

Physician

/Medical

Examiner

Director

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Funeral

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Show

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with the Maryland

death

filed within 72 hours aftar

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permit. Pagas 1 and 2 should be in Department of Haalth and Mental important: If item 27 is marked or any Injury or other traumatic ever

Saltimore, Maryland 21215-0020

Examiner Physician/Medical þ Completed Be P Certification:

27. Mangar of Death

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29a. Cartiflai (Check only one) 29b. Signatura and little

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31. Data filed Marks, Wy. Vegg 97

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

18111

28a. Data of Injury (Month, Day Year)

28b. Tima of

28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify)

Drinu

32 Registrare Signatura
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28c. Injury at Work?

Certifying Physician: To the best of my Knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) end manner stated.

29c. License number

1 ☐ Yas 2 ☐ No

nding physician and usa as the bunal-transit be axec P.O. Box 68760. USB as ed by the attent detached for un signed by the Records, page 2 should Tha law I certificate Division of Vital Physician: Affer this Attending death ractor. B

State Registrar

Medical

State of Maryland / Department of Health and Mental Hygiene 96

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or the	Ē	1 Never Married 2	Married	Armed Fo	2 XNo		If \	Yes, specify Cut	oan, Mexicar	n, Puerto	Rican, etc.)			ck, White, e		
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marked marked matic ev	2	HARRY			ABRA	MSON			A	NNA			GU	TKIN		
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분별		20a. Method of Disposition				20b. Place of	Disposit	tion (Neme of			Date	_		City or Tov	vn, State	
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Depertment Important: any injury once.		21. Signature of Figure 1 Se	-			Distri	22 1	Name and Addr	ess of Facili	tv)KLL	DIOMI	/ PID	-
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		-	-	Jet c	ale	_		220	-68	2		12	1-3	1-9	6	
2		30. Name and eddress of pe	rson who	completed caus	se of death	(Item 23e) (Type, Pr	rint)		_	DRI		2			10
/		EBRAHIM	7	TPAK	cu/	, フ	60	0 05	CEI	1	DRI	10	151	21/1	01/	19
Sta		31. Date filed (Month, Day, 199)	(ee r)	Sulia Da	egistrar's	Signature									U'U	9
Registi	ar	JAN 0 7 199	1	0	THE PARTY	- Native	2									

				State	of Marylai		irtment of F <i>tificate of</i>	Health and Death	Mental Hy	/giene	96	40510
			1. Decedent's Nema (First, Mide	dle, Last)					2. Date of D	eath	V.1.	3. Time of Death
	Physici /Medi		Carroll The	ornton	Brown,	Jr.			Decembe	Day er 27	Yaar 1996	3:30 pm
	Examir		4e. Facility Name (If not instituti	on, give street and n	umber)			4b. City, Town, or				
			Friends Nurs	ing Home				Sandy	SPring	Mont	gomer	v
	Funeral		5. Social Security Number	6. Sax	7. Aga (In yrs.	last birthday)	If Undar 1 Yaar		8. Date of Bi	irth		ieca (State or Foreign try)
	Director		199-01-8669	1 X □M 2□F		79 Yrs.	Months Deys	Hours Min.	Oct. 11	l, 1917	Penns	vlvania
	9		Usual Residence of Decedent									7=
	nytar thow		10a. State 10b. Count	У	10c. C	ty, Town or Lo	cation				1	Od. Inside City Limits
	M Sall	oto	Maryland Mont	gomery	Sa	andy Sp	ring					1 ☐ Yas 2 ☐ No
	with the Maryland a or 28a-f show Lbe notified at	Directo	10e. Street and Number				10f. Zip Coda			10g. Citizen of	What Coun	try?
	7 w 1	a F	17401 Norwood	Road			20860			U.S.	Α.	
	Gas de	Funeral	11. Meritel Stetus	12. Was Dec	cedent Ever in L	J,S. 13. V	Ves Decedent of H	lispanic Origin? (S en, Mexican, Puer	pecify Yes or N	o- 14. Red	e - Americ	
50	72 hours after death with the Marylar natural", or itsens 23s or 28s-f show dical Examinat must be notified at	by Fu	1 Never Merried 2 Ma	rried 1 Yas	2 No		Yes 20 No		to racan, etc.)	Specif	ck, White,	ite
Maryland 21215-0020	n 72 hours "netural", edical Exp		3 Widowed 4 Divorce	100101	Detas:	I self a self a self						
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Ë	多量量	Be							M. Series	a, Malden Sumar	ne)	
Ž	d 2 should be th and Menta 7 is marked traumatic ex	To	Carroll Thorn		1				rtshore			
Mai	の音楽器		19e. Informant's Neme/Reletion					and Number or R				
· ·	t Health Health Hear 27 Other th		Margo Brown/wi	Lie				Lane, Apt				MD 20860
Baltimore,			20a. Method of Disposition 1 ☐ Buriai 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (-			Pieca of Dispos cemetery, crem	sition (Name of natory or other pla	ce)	Dete	20c. Location	- City or To	wn, Stata
Balt	permit. Pages Department of Important: If it any injury or ence.		21. Signalant of Furtheral Service	. 1 1 1 1 11 11 11	ixector	St	Name end Addre	tomy Boan	d, 655	West Ba	ltimo	re Street
	-12		23a Port1 Entar the disease, of spock, or heert feliura. Lis	or complications that	caused the dee	th. Do not ente	altimore of dying the mode of dying	Marylar	or respiretory	arrest,		Approximete
	Physician		pock, or heart fellura. Lis	t only one ceusa on	aach line.						i	Approximete Intarvai Between Onsat end Death
2	/Medical		Immediata Cause (Finel	3		haa	4.4				i .	и о.
	Examiner		disaase or condition resulting in death)	ө	runcho	or as a consequ	3 N I P				1	three DAys
		Je.			Dua to (or as a consequ	uenca or):				1	
	icata be executed physician and s the burial-transit	Examiner	Sequentially flet conditions	b	Due to (or es e consequ	uence of):					
Ć	exec in an	EX	Sequentially list conditions, if any, laading to immediate cause. Enter Undarlying	,	200101	51 65 6 651136Q1	aerioe ory.				i	
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			resulting in death) Last		Dua to to	n as a consequ	ionica oij.				1	
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P.0.	that the de led by the a detached t	ys	Pert II. Other significant conditi					/en in Pert I.				the cause of death?
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Re	has ya 2	du	1)									death?
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Sic	leat lor: the	cat	2 ☐ Accident Invest 3 ☐ Suicide 6 ☐ Could	igation				Yes 2 □ No				_
Division	F # F C	Certification:	4 Homicide deter	nined 288. Plac	a of Injury - At h ling, etc. <i>(Speci</i>	ome, farm, stre	et, fectory, offica		28f. Location City or To	(Street and Numi wn, State)	ber or Rura	I Route Number,
	ital Irs a Iled											
	To the Mospital or Att within 24 hours after of To the Funeral Direct completaly filled in by	edicai	(Uneck only 2 Medica	ng Physician: To the Examiner: On the b	pasis of exemine	wiedga, deeth	occurred at the tire astigation, in my o	ma, data and piece	, and due to the	cause(s) end m	enner as st	ated. the causa(s)
	the the	Med	Orie)	and mar	ner steted.							
	0 × 100	-	29b. Signatura and title of certific	1,1			29c. Licans			29d. Data signe		
			your /	my			D187	-26	December 2			1996
1			30. Nema and address of parson	who completed cau	se of deeth (iter	n 23e) (Type, F	Print)	/ · A	/			
			ARTHUR SO	THUEN BULD,	no	18111 Pa	ing Phil	1. por , 0.	enty, s	0 2083	2	
	Sta	_	31. Dete filed (Month, Day, Year	Jula 2	Tegranar's Sign	the co						
	Registr	ar	JAN 0 8 1997	0			4					

DHMH 16 Rev 6/95

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 4051 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year 4. Fecility Neme (If not institution, give street end number) 8:45 PM 28 1996 December 4b. City, Town, or Location of Deeth 4c. County of Deeth Sinai Hospital Baltimore Baltimore If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 1 0 / 9 / 6 7 If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) 1 M 2 SF Months Yrs. 214-68-4432 29 MD Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No N/A BALTIMORE 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? 2469 WEST COLDSPRING LANE 21215 U.S.A. 14. Rece - American Indian, Bieck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritai Stetus 1 Never Merried 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Specify: BLACK 1 ☐ Yes 2 CNo Specify: 3 Widowed 4 Divorced Yeer or Dates: 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) private security 17. Father's Neme (First, Middle, Last) 18 Mother's Neme (First Middle Maiden Surname) MINNIE RAMSEY JOHN WALKER WALLACE 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. informent's Name/Relationship (Type, Print) 2469 WEST COLDSPRING LANE BALTO.MD 21215 JOHN WALLACE (FATHER) 20b. Pleca of Disposition (Neme of 20e. Method of Disposition Dete 20c. Location - City or Town, Stete cemetery, cremetory or other plece) 1 Burlel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) WOODLAWN CEMETERY 1/3/97 WOODLAWN, MARYLAND 22. Name end Address of Fecility E.L.PHLLIPS FUNERAL HM. 21. Signeture of Funerel Servica Licensee 1721-27 MONROEST. BALTO.MD 21217 CFSP 281 eretha Decla 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth Immediete Ceuse (Finel · HIV diseese or condition resulting in deeth) jears Due to (or es e consequence of): weeks Seizure Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): enal Failure un Known Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causa of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evellable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 【 No 25. Wes case referred to medical exeminer? 26. Piece of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28e. Dete of Injury (Month, Dey Yeer) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Neturel 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation 3 ☐ Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide

1 Cacertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as stated.
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner stated.

29c. License number

AS240 2321/ H.D. 19006

29d. Date signed (Month, Dey, Year)

December 28 1996

physician and s tha burial-transit The taw requires that the death cartificate be executed Records, P.O. Box 68760 attanding | signed by the 8 page 2 B

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

Director

Funeral

3

Completed

MD

death with tha Maryland

filed within 72 hours aftar

permit. Pagas 1 and 2 should be filed within 7; Department of Haalth and Mental Hygiene. Important: If Item 27 is marked other than "na any injury or other traumatic event, The Mada, once.

Physician /Medical

Examiner

Physician/Medical Examiner

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Completed

Be

Certification: To

Medical

29a. Certifier

29b. Signeture and title of cartifier

31. Dete filed (Month, Dey, Year)

JAN 0 8 1997

Dao

Hich

Baltimore, Maryland 21215-0020

Hospital or To the Hospital within 24 hours
To the Funeral Complately filled

> State Registrar

Singi Hospita Julia Lurdson-Randelle 32. Registrer's Signeture

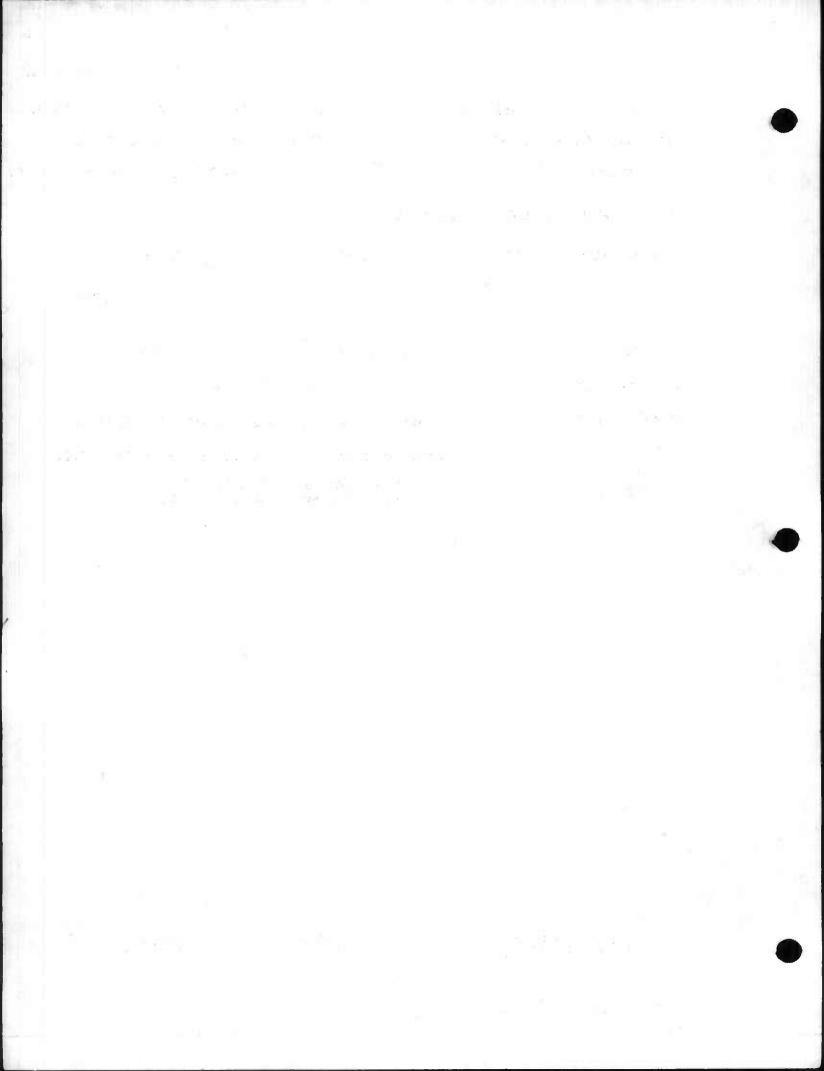
no

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

DHMH 16 Rev 6/95

	1. Decedent's Ner	ne (First, Middl	e, Last)		Cer	tificate	of Death	2. Date of D	Reg. No.	96	3. Time of Death	
cian							0 11	Month	Day	Year		
lical iner	James 4e. Facility Name	(If not institution		lliam number)			Bell 4b. City, Town,	or Location of De	per 12,	nty of Death	4:55 p.m.	
IIICI	HYATTSV	TIJE NI	JRSING CA	RE			HYATTSV			INCE GI	EORGE	
1	5. Social Security		6. Sex	7. Age (In yr.	s. last birthdey)	If Under 1	Year If Under 24 I	Hrs. 8. Date of E			lace (Stete or Foreign	
r	UNAVAIL	ABLE	1∭M 2□F	3	1 Yrs.	Months C	lays Hours A	Ain. (Month, I	1965	WASH	INGTON, D.C	
	Usual Residence	of Decedent 10b, County		100.0	ity, Town or Loc	ention			4.5			
5	MD		E GEORGE		MPLE HI					1	0d. Inside City Limits XXYes 2 □ No	
Director	10e. Streef and Nu		- OLOROD			10f. Zip Ci	odo	10g. Citizen of What Country?				
			BAS ROAD			2074			U.S.		nry r	
Funeral	4867 ST.	DAKNAI	12 Was De	cedenf Ever in	ver In II S 13 Was Decedent of Hisne			(Specify Yes or I		ace - Americ	an Indian,	
by		rled 2□ Marr 4□ Divorced	If Vac (Forces? 3 2/1 No Sive Dates:		Yes, specify ☐ Yes 202		uèrto Ricen, etc.)	erto Ricen, etc.) Bla Specii			
Completed	(Sne	15. Deceden	t's Education at grade completed	-0	16a. Deced	ent's Usual C	ual Occupation 16b. Kind of Business/industry					
nple	Elementery/Sec			(1-4or 5+)			done during most of retired)	WOIKING				
	11TH	<i>(</i> 27)			UNE	MPLOYI			NOI			
Be	17. Father's Name		Last)					Name (First, Midd	le, Maiden Sun	neme)		
2	JAMES BE		tie (Town to Brief)		400-14-10-		KELLII					
	The state of the s	ALLEN	nip (<i>Type, Print)</i>				treet end Numbér o					
	20a. Method of Dis			20b.	Place of Dispos cemetery, crem	Ition /Neme	ARNABAS RO	Date	_	on - City or To		
		☐ Cremation 5 ☐ Other (S)	3 Removal from	DEC.26								
	21. Signature of F		**	(DEG. EG.	, wildi	LINGTON	, 2.0.				
	101/18	12.	0	, 27	/ W.	H. BAG	oddress of Facility CON FUNERA					
	23a. Part1. Enter	the disease, or	complications that only one cause on	ceused the dea	th. Do not ente	47 14'	TH STREET f dying, such as cere	N.W. WAS	SH, D.C	. 2001	Approximate	
Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lasf Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
Slan/M												
Physic	Part II. Other eigni	ficant conditio	ne contributing to	death but not re	suiting in the un	derlying ceus	e given in Part i.	23b. Di			the cause of death?	
by Pt								10	Yes 2 N	o 3∏Prob	eably 4 Unknown	
g								24e. Wa	s an autopsy		re autopsy findings	
piet								_ per	formed?	cor	illable prior fo npletion of ceuse leath?	
Completed								10	Yes 2 No		Yes 2 No	
BeC	25. Was cese refe	rred to medicel					28. Place of I	Death (Check only			100 2010	
To	examiner?	No	Hospital: 1 [Inpatienf 2	ER/Outpatient	3□ DOA	Othor	g Home 5 ☐ Re		Other (Specify	,)	
	27. Manner of Deat	th 5 🗆 Pending		of Injury onth, Dev Year)	28b. Time of Injury	28c.	Injury at Work?	1	how injury occ			
atle	2 Accident	Investig	ation		,,	M	1 ☐ Yes 2 ☐ No					
Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could n determi	ned 286. Plac	e of Injury - At I ding, etc. (Spec	nome, farm, stree	et, factory, o	fice		(Street and Nu own, State)	mber or Rura	l Route Number,	
edicai	29a. Certifier (Check only one)	1 Certifying 2 Medicai E	examiner: On the	basis of examina	owledge, death a ation and/or inve	occurred at to estigetion, in	ne time, date and pla my opinion, death o	ace, and due to the	e ceuse(s) and o, date and place	manner as sto e, and due fo	ated. the cause(s)	
177		title of certifier		nner stated.		29c. L	cense number .	00	29d. Date sin	ned (Month. I	Dev. Year)	
Ne S	29b. Signature and title of certifier 29c. License number							29d. Date signed (Month, Dey, Year)				
	29b. Signature and	7100	Inn			1	1424		12/2	0/46		
	29b. Signature and	Me	War completed as	ise of death (Ite	m 23a) (Tuna B	(tot)	142 91	3/	17/2	0196		

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

40513 Certificate of Death 2. Dete of Deeth

Physician
/Medical
Examiner

1. Decedent's Neme (First, Middle Last)

Director the Marylend 28a-f show must be nothed at

, Funeral

filed within 72 hours efter deeth with "natural", or item Hygiene. then . Peges 1 and 2 should be filed w tment of Heelth end Mental Hygier tant: If item 27 Is marked other ti jury or other traumstic event, In Department of Important: If any injury or once.

Baltimore, Maryland 21215-0020

Physiclan /Medical **Examiner**

The law requires that the death certificate be executed the signed by the a is certificate

Division of Vital Records, P.O. Box 68760, To the Hospital within 24 hours To the Funeral completely filled

Completed 8 2 Certification: Medical 6+

Dey Month Yeer DECEMBER 30, 1996 JOHN BROWN 1620 PM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 1026 WOLFE STREET BALTIMORE If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. Dete of Birth (Month, Dey, Year) MAR . 6, 1934 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) 9. Birthplece (State or Foreign 1 ♥ ½ 2 □ F BALTIMORE, MD 62 213-30-1430 Yrs. Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d, inside City Limits Director MD 1 √ yes 2 No n/a BALTIMORE 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code 1026 WOLFE STREET 21205 UNITED STATES by Funeral 12. Wes Decedent Ever in U,S. Armyed Forces? 8-10-56 If Yes, Give Yeer or Detes: 7-24-5811. Meritel Status 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1□ Yes Z□No Specify: 3 Widowed X XDVDivorced BLACK Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) LABORER (contractor) BETHLEHEM STEEL 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be JOHNNY BROWN IDA 19a. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) BRENITA WHITFIELD

DENITA WHITFIELD

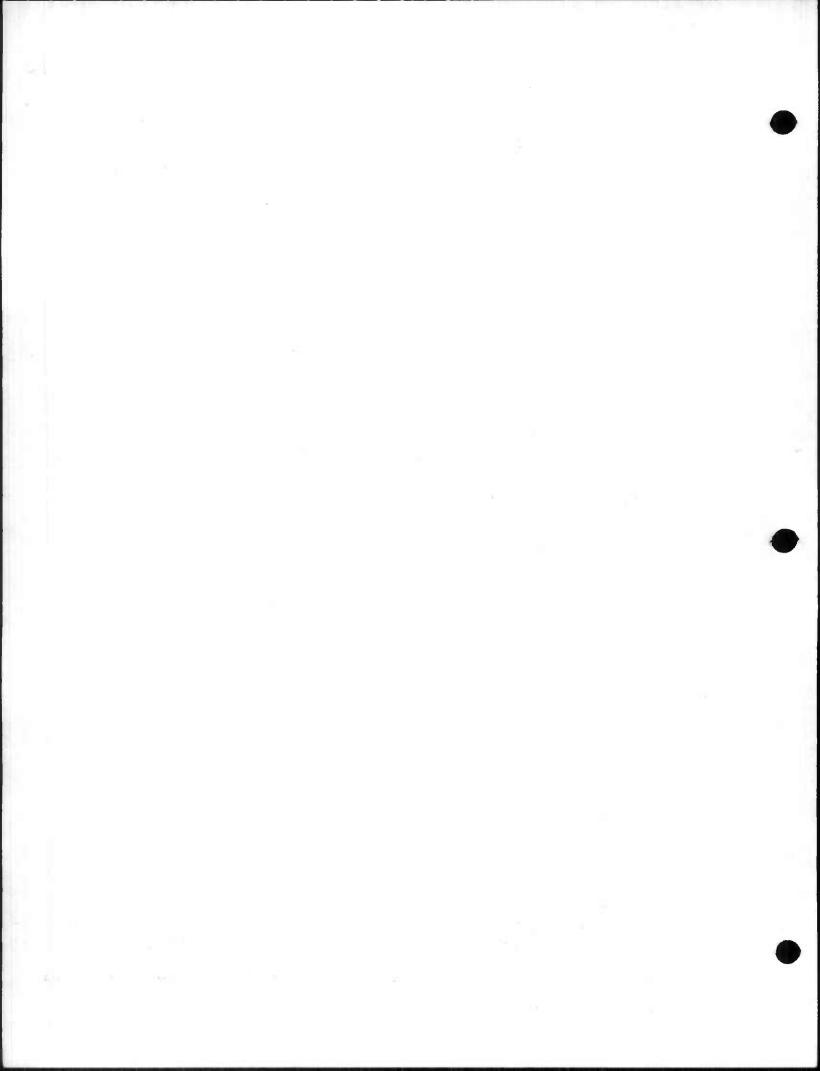
20e. Method of Disposition

XIX Burial 2 Cremetlon 3 Removal from Stete BAYONNE AVE., BALTIMORE, MD 21214 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete GARRISON FOREST IVA CEM. OWINGS MILLS, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Utens 22. Name end Address of Fecility WM. C. MARCHFH.-1101 Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, or heart failure. List only one cause on each line. Approximete Intervel Between Onsei end Deeth Immediete Ceuse (Finel . Hypertensive Alberoscherchie Cardiousculur diseese or condition resulting in deeth) Physician/Medical Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 | No 3 | Probably 49 Unknown by 24b. Were autopsy findings avelleble prior to completion of cause of death? 24e. Wes en eutopsy performed? Parhal 1 Yes 2 □ No 1₽Yes 2□No 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

Injury at 28d. Describe how injury occurred XXYes 2□ No 27. Manner of Deeth 28e. Dete of injury (Month, Dey Year) 28b. Time of injury 28c. Injury at Work? 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and menner es stated. 22 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title of certifier. 29c. License number 29d. Dete signed (Month, Dey, Year) OCME DECEMBER 31,1996 30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) Forter 111 Penn Street, Baltimore, Maryland 21201

State Registrar

31. Dete filed (Monti



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death

28a-f ahow ò itams 23a

permit. Pages 1 and 2 should be filed within 72 hours aftar of Department of Heelih and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any Injury or other traumetic event, the Medical Examination.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Physician: The law requires that the death certificate be executed use as the bunal-transit of Vital Records, P.O. Box 68760, detached should be After this certificate has 50

To the Ho within 24 To the Fu

38, 144 v th 4c. County of Death Prince (9. Birth **Physician** Elizabeth Beach Florence 5:40 AM Dec. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** Oaks Nursing Home Laure George's 8. Date of Birth (Month, Dey, Y Oct. 10, 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1□M 20F Months Days Hours Min. 524 10 7774 Oklahoma Birector 92 1904 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. tnside City Limits evant, the Medical Examiner issuit be notified at Director XX Yes 2 □ No Maryland Prince George's Bowie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2903 Traymore Lane 20715 United States Funeral Was Decedent Ever in U,S. Armed Forces? 11. Maritai Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian Biack, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No if Yes, Give 1 ☐ Yes 2 ☑ No Specify: Specify: White by 3 ₩ Widowed 4 Divorced Year or Dates: Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Waitress Restaurant 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Preston C. Thurmond Coral McMurphy 70 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Lawrence A. Curran Son 2903 Traymore Lane Bowie Maryland 20715 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, State 1 Surial 2 Cremation 3 Removal from State Resurrection Cemetery 12/31/96 Clinton Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22 Name and Address of Facility Robert E. Evans Funeral Home, P.A. Us, 16000 Annapolis Rd. Bowie Md. 20715 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Physician/Medical Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last PS Sible HRI ASPIRATIONS Due to (or as a consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings available prior to completion of cause of desth? 24a. Was sn autopsy performed? 1 Yes 2 No 1 Yes Be 25. Was case referred to medicai 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ Yes 2 27No 27. Manner of Death 28a. Date of Injury (Month, Dey Year) Certification: 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 Suicide Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Medicai Certifying Physicisn: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) end manner es steted.

| Medical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, date and pieca, and due to the ceuse(s) and menner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D28998 Dec 28, 1996 9101 Cherry La #211 Laurel MD 20708 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 6 Daini ritam

State Registrar 31. Date filed (Month, Dey, Year) JAN 0 8 1997

32 Registrar's Signature

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 96-7496-033 CIP ITEMS: 23 PART I, 27, PER MEO State of Maryland / Department of Health and Mental Hygiene FILM 6-743 1/9/97 t.t Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Deta of Deeth **Physician** Month Yaer 1996 10:41PM DECEMBER 31, MICHAEL KEITH BROWN /Medical 4a. Feclity Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 13029 OLD STAGE COACH PRINCE GEORGES ROAD LAUREL

Funeral Director

28a-f show ŏ Items 23a death "natural", or

filed within 72 hours efter Hygiene. h end Mental I Pages 1 and 2 should be nt of Health e: If item 27 is permit. Page Department of Important: If any Injury or

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificate be executed use as the buriel-transit P.O. Box 68760. on of Vital Records. 8 this certificate has ang Physician: uneral

Examiner Physician/Medical þ Completed Be Certification: To Medical To the H within 24 To the Fu complete 2

If Undar 1 Yaar | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthpiece (State or Foreign 216-86-1 M M 2□ F Deys June Yrs. 611 land Usual Rasidenca of Dacadant 10a Stata 10b_County 10c. City, Town or Location 10d. Insida City Limits Maryland Director 1 ☐ Yas 2 No 10e. Straet and Number 10f. Zip Coda 10g. Citizen of Whet Country? 20 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 D No If Yas, Give Yaar or Detes: Race - American Indian, Black, Whita, atc. Wes Dacedant of Hispanic Origin? (Specify Yes or No-if Yes, spacify Cuban, Mexicen, Puarto Rican, atc.) 11. Maritai Status 1 Navar Marriad 2 Married 1 Yas 2 No Specify: by Specify: 3 Widowed 4 Divorced egro Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working jile. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Business/Indu (Specify only highast grada complated) Eiamentary/Secondary (0-12) College (1-4or 5+) oomer 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Sumame) Be 2 Faunt a 19a. Informent's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Streat and Number or Rural Royta Number, City or Town, Stata, Zip Coda) Marquette Md. 6060 10 10. 20b. Plece of Disposition (Nama of cemetery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Crametion 3 Ramovel from Stata 4 □ Donation 5 □ Othar (Specify) a of Funeral Service Licensee 22. Nama and Addrass of Facility
Joseph L. Ru Funeral oseph W. North Ave. ations that ceused tha daath. Do not antar tha mode of dying, such as cerdiac or respiratory arrast, i causa on each lina. ter the seasa, or compiled haert giliure. List only ona Approximeta Intarval Batween Onsat and Death Immediate Cause (Final disaasa or condition resulting in daath) DILATED CARDIOMYOPATHY Dua to (or es a consequence of): Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Couse (Disease or Injury that let to the control of the co Dua to (or as e consaquance of): that initiated evants rasulting in death) Last Due to (or as a consaquance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wera autopsy findings eveileble prior to completion of ceuse of daath? 24a. Was an autopsy performed? Yas 2 No 1 Yas 2 No 25. Was cesa rafarred to medicel axaminer? 26. Place of Deeth (Check only ona) 1X Yas 2 No Other: 4 Nursing Home 5 Rasidance 8 Other (Specify) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Deeth 28a. Data of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred S Pending invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 8 Could not be datamined 3 ☐ Suicide 28e. Placa of Injury - AI home, ferm, straal, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 Homicide 29a. Cartifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the ceusa(s) end manner as s atad.

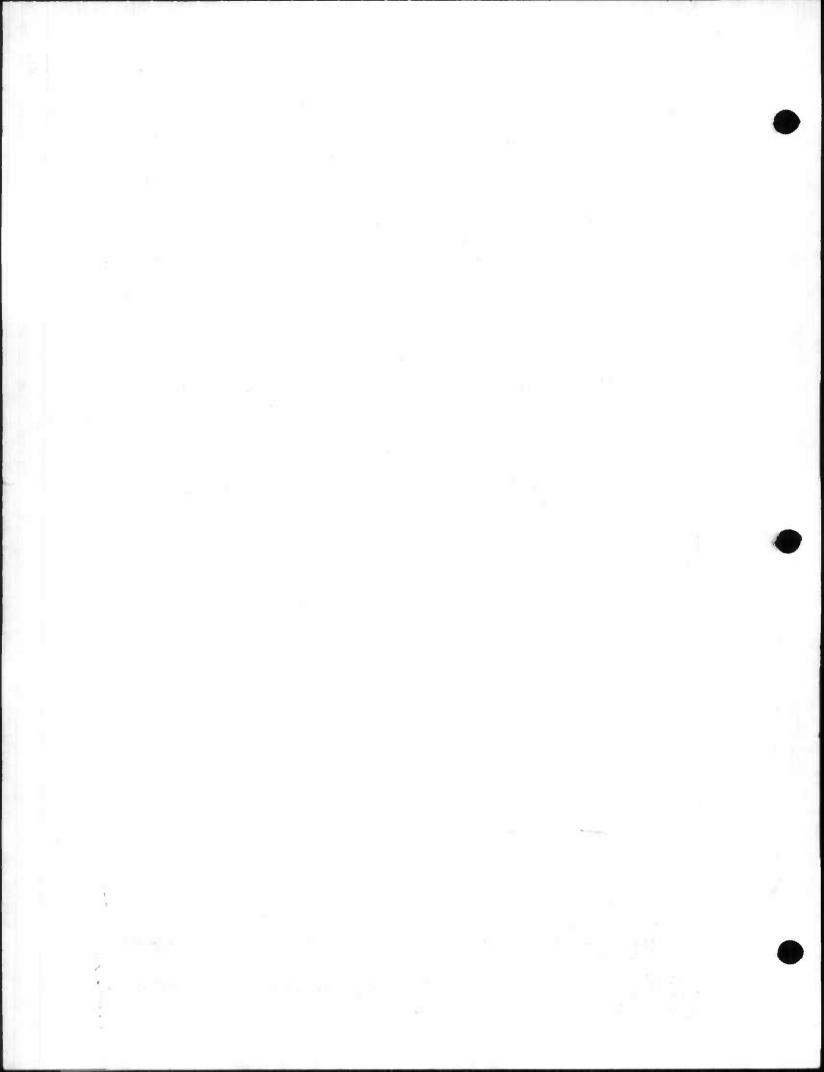
2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, deta and place, and due to the ceusa(s) and manner stated. (Check only 29b. Signitura and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) JANUARY 1, 1997 O.C.M.E. of person who completed cause of deeth (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar Konsu

Registrads Signature

a Devidson



State of Maryland / Department of Health and Mental Hygiene

alth and Mental Hygiene 96 40516

					Ce	rtificate o	f Death		Reg. No.	20	40010
	1		1. Decedent'a Name (First, Middle, La	st)				2. Date of De	eath	Earl I	3. Time of Death
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	/Medi Examii		4a. Facility Name (If not institution, giv		COVE	11	4b. City, Town,	or Location of Deat			7:43 a.m.
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21215-0020	within 72 hours after death with the Maryland ene. than "natural", or Hems 23a or 28e-f show he Medical Exercise must be noothed at	b	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 G Yes 2 No If Yes, Give 1943 — Year or Datas:	46	1□Yes 2¬N	lo Specify:		Specil	y: Wi	hite
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/			30. Name and address of person who	completed cause of death (Iter	n 23e) (Type,	Print) 7	US Ril	hel A	10 F	Thin.	and Is
	Sta	to	31. Date filed (Month, Day, Year)	P 32 Pegistrer's Signs	uture	"	- ((7 7/1	UK	V 10	Y1001)
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 46 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth BALTIMOR TOWSON MANOR CARE HEALTHSERVICE if Under 1 Year if Under 24 Hrs. 6. Date of Birth (Month, Dey, Year) 7-10-12 5. Sociel Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthday) Months Min. Deys Hours 11 M 2□ F Yrs 212-18-0786 84 GERMANY Usual Residence of Decedant 10e, Steta 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes XXNo BALTIMORE TIMONIUM 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 308 Five Farms Lane 21093 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 ☐ Married WWII 1 ☐ Yes 2 ☑ No Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Postal Worker Federal Government 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Melden Surnama) Adolph Homberg Theresia Rauch 19a. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Straat and Number or Rurel Route Number, City or Town, State, Zip Code) 308 Five Farms Road, Timonium, MD. Rosemarie Ford (neice) 20e. Method of Disposition 20b. Piece of Disposition (Name of 20c. Location - City or Town, Stete cametery, crematory or other plece) 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removel from State 4 Donetion 5 ☐ Other (Specify) 21. Signature of Funa al Servica Licensee 22. Name end Address of Fecility Director Ronald S 655 West Baltimore St. Wade main IMIL STATE ANATOMY BOARD Baltimore, MD 23e. Pet 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shick, or heart failure. List only one ceuse on each line. Approximete Intervel Batween Onset end Deeth immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Entar Underlying Cause (Diseese or Injury that initiated avants resulting in deeth) Lest Due to (or es e consequença of) Pert II. Other significant conditions contributing to death but not rasulting in the underlying causa givan in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings avellebie prior to complation of cause of deeth? 24a. Wes en eutopsy 1 Yes 20 No 1 Yes 2 NO 26. Piece of Deeth (Check only ona) Hospital:

Physician /Medical Examiner

Physician

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permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or frems 23s or 28s-1 show any injury or other traumatic event, the Medical Examinat must be not filed at

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Maryland

Baltimore,

Box 68760.

P.O.

Division of Vital Records.

Attending Physician: The law requires that the death certificate be executed the burial-transit and physician signed by the attending p peen has this certificate director, funeral : After t death. or Attend efter death Director: the

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Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Inpatient 2 ER/Outpatient 3□ DOA 27. Manner of Deeth 28b. Time of Date of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Dascribe how injury occurred 1 Natural 5 Pending investigation 1 Yes 2 Accident 6 ☐ Could not be 3 ☐ Suicide Pleca of Injury - At home, farm, streat, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifiar (Check only one)

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2 Medical Examinar: On tha basis of exemination and of investigation, in my opinion, deeth occurred at tha tima, data and placa, and dua to the causa(s) xaminar: On the basis of

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JAN 0 8 1997 Lulia Dalidson-Randall

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Baltimore, Maryland 21215-0020

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2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier

29c. Licansa number

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29d. Date signed (Month, Day, Year)

201 E. Vinversity Porking

Dollimon, 112 21218

State Registrar

31. Dete filed (Month, Day, Year)

29b. Signature and title of certifier

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SILVIA PICCIAFUOCO

Umon Menusial Hospital 32. Registrer's Signeture

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30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

que a Davidson-Randall

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3: Time of Deeth Day29 **Physician** Month Yeer James T. Johnson December 30, 1996 6:40 A. /Medical 4a. Fecility Nema (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 3500 Holmes Avenue Baltimore ar If Under 24 Hrs. 5. Sociei Security Number If Undar 1 Year 7. Age (In yrs. last birthday) **Funeral** 9. Birthplaca (Stete or Foreign XXM 2□ F Days 1923 73 220-14-8190 Yrs Director January Georgia Usuel Residence of Decedent the Manyland 10e. Steta r than "netural", or items 23s or 26a-f show the Medical Examiner must be notified at 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 Yes 2 No MD N/A Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? Holmes AUGNUC USA 3500 21217 12. Wes Decedent Ever In U,S. Armed Forces? 1 □ Pres 2 □ No If Yes, Give Year or Detas: 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. Raca - American Indien, Black, White, etc. filed within 72 hours after 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No by Specify: Bla-clc 3 ☐ Widowad 4 ☐ Divorced Completed 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) U.S. NAVAL nd Mental Hygiene. marked other than Elementery/Secondary (0-12) College (1-4or 5+) GULDSKEEPER 814 grade ACADEMY permit. Peges 1 and 2 should be file Department of Health end Mental Hy Important: If item 27 is marked other eny injury or other treumatic event 200s. 17. Fether's Name First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Surname) UNK. EMMA JOHNSON 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) wife BALKi MORE, Mary Lons LORKAIN JOHNSON, 3500 HOLMES AUGNUE 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removal from Stete 1/3/9 Daings Mills, Ad 4 ☐ Donetion 5 ☐ Other (Specify) Forest Vet. Cin GARMSM 21. Signeture of Funaral Service Licensee 22. Nema and Address of Facility CHATMAN 52 VU REISTERSTOWN LLAND CHATMAN - HAMI'S BALTI MUTE, Pent. Enter the disease, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or raspiratory arrest, speck, or heart feilure. List only one cause on each line. Approximeta Interval Between Onsat and Death Physician Immediate Cause (Final disaese or condition resulting in deeth) /Medical Liver Mass 6 months Examiner Due to (or as a consequence of) Examiner The law requires that the deeth certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): physician s the buriel Box 68760, Physician/Medical Due to (or es e consequence of): P.O. 1 been signed by the e should be detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Records, þ Completed 24b. Were sutopsy findings aveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? page 2 certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No of Vital funeral director, Be 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 1 Yes 2 No Other: 4 Nursing Home 5. Residence 6 Other (Specify) 28e. Dete of injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? Division 1 Neturel 5 Pending 2 Accident investigetion 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 - Homicide Hospital within 24 hours To the Funeral 29e. Certifier 1 Certifying Phyalcfan: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the causa(s) and menner as stated. Medicai 2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. To the 29b. Signeture end title of certifier 29c. License number 29d. Deta signed (Month, Day, Year)

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

M.D.,

32. Registrer's Signature

which Davidson-Randoll

10

North Greene Street, Baltimore, MD 21201

Mohamed Al-Ibrahim,

31. Dete filed (Month, Dey, Year)

JAN 0 8 1997

DHMH 16 Rsv 6/95

State

Registrar

State of Maryland / Department of Health and Mental Hygiene

40520 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Death **Physician** Month Dey 1996 DEC. MURIEL KLOTZ 31 5:40 PM /Medical 4a. Facility Nema (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner QUEEN ANNE CORSICA HILLS NURSING HOME CENTREVILLE If Under 1 Year Months Days H Under 24 Hrs. 8. Data of Birth (Month, Dey, Year, June 29, 1 5. Sociel Security Number 7. Aga (In yrs. lest birthday) 9. Birthplaca (State or Foreign _ Country) **Funeral** 1 M XXF 578 07 7814 89 Yrs. 1907 Pennsylvania Director Usual Rasidenca of Decedant with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. inside City Limits "natural", or items 23a or 28a-f ahordical Examiner must be notified at 1 Yas 2 No Director Maryland **Grasonville** Queen Anne 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1008 Long Point Road 21638 United States Completed by Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. filed within 72 hours after l ☐ Yes 22No f Yes, Giva Year or Detes: 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: Specify: White 3 ☑ Widowed 4 ☐ Divorced permit. Pages 1 and 2 should be filed within 72 ho Department of Health and Mental Hygleine. Important: If Itam 27 Is marked other than "natur any Injury or other traumatic avant, the Med Call. 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) Claim Adjustor Laundry 17, Father's Neme (First, Middle, Last) 18, Mother's Nema (First, Middle, Maiden Sumeme) Arnold Hill Anna C. Stevenson 19a. informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charles W. Klotz 1606 Twigs Court Crofton Maryland 21114 20b. Piace of Disposition (Nema of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai XX Cremetion 3 ☐ Remove from State Metropolitan Crematory Alexandria Virginia 4 ☐ Donetion 5 ☐ Other (Specify) 1/5/97 21. Signature of Funerei Service Licensee 22. Name and Address of Fecility Robert E. Evans Funeral Home, P.A. 23a. Pert1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each lina. Approximete Intervsi Between Onset and Death **Physician** Ovoseps's immedieta Ceuse (Finei disaasa or condition resulting in deeth) /Medical Examiner Dug to (or es a consequança of):
Let Vascular Accident Examiner The law requires that the death certificate be assecuted the burial-tran Sequentielly list conditions, if any, leading to immadiate causa. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or es e consequance of): USe as I Part II. Other significant conditions contributing to death but not rasulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? page 2 should be detact 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware sutopsy findings available prior to completion of cause of death? Completed 24a, Was an autopsy parlormed? 1□ Yes 2 No certificate 1 Yes 2 No ng Physician: 25. Was case referred to medical Be 28. Placa of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidence 8 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA SIL eral 27. Menner of Deeth 28a. Dete of injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Naturei 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Piece of tnjury - At homa, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and piace, and due to the cause(s) end manner stated. To the Hope within 2 hor Complete to 29a. Certifier Medical 29b. Signeture and title of certifier 29c. Licanse number 29d. Dete signed (Month, Day, Year) 30. Name and eddrass of person who completed cause of daeth (itam 23a) (Type, Print) entreville Rd Centreville Md21619 2540 Trussell 31. Dete filed (Month, Dey, Year) JAN 0 8 1997

32. Registrer's Signeture

State Registrar

State of Maryland / Department of Health and Mental Hygiene

40521 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth **Physician** Month JOHN LEWIS 7:30 am 12 95 /Medical 4g. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Baltimore University of Manyland. Baltmare City If Under 1 Year if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1 X M 2 □ F 59 Yrs. 213-36-2378 Director Sept.11,1939 Maryland Usual Residence of Deceden permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mentle Hyglene. The important: If team 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, the Medical Expansion must be notified as 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits Director 1 Yes 2 No Maryland Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 611 S. Charles Street 21230 Funeral U.S.A. 12. Wes Decedenf Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: unknown Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 1 Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: p 3 ☐ Widowed 4 ☐ Divorced Specify. unknown black Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be unknown unknown 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) unknown unknown 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Steta 1 ☐ Buriei 2 ☐ Cremetion 3 ☐ Removel from State 4 □ Donation 5 ②Other (Specify) in-state 21. Signature of Fundrei Service Licensee 22. Name end Address of Facility Ronald S. Wade Director State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201

23a. Pen I. Enter the disease or coorplicetions that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediete Cause (Finel acute renal failure 2 days diseese or condition resulting in deeth) **Examiner** Examiner bacteriania physician and s the burial-transit The law requires that the death certificata be axecuted Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760. Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Records, Be Completed by 24b. Were autopsy findings eveilable prior to completion of ceuse of deeth? 24e. Wes an eutopsy performed? 1 ☐ Yes 2 XNo cartificata 1 ☐ Yes Division of Vital Hospital or Attending Physician: 24 hours after death.
Funeral Director: After this cartifica ttaly filled in by the funeral director; p 25. Was cese referred to medicel 26. Plece of Deeth (Check only one) exeminer? 1 Yes 2 No Hospitel: 1 inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 27. Manper of Deetf 28e. Dete of Injury (Month, Dey Year) 28c. injury et Work? 28b. Time of 28d. Describe how injury occurred Neturei 2 Accident 5 Pending 1 Yes 2 No investigation 3 Suicide 6 Could not be 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide To the Hospital within 24 hours a To the Funeral Completaly filled 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a, Certifier Medical 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) Matthew J. Jewilin M.D.

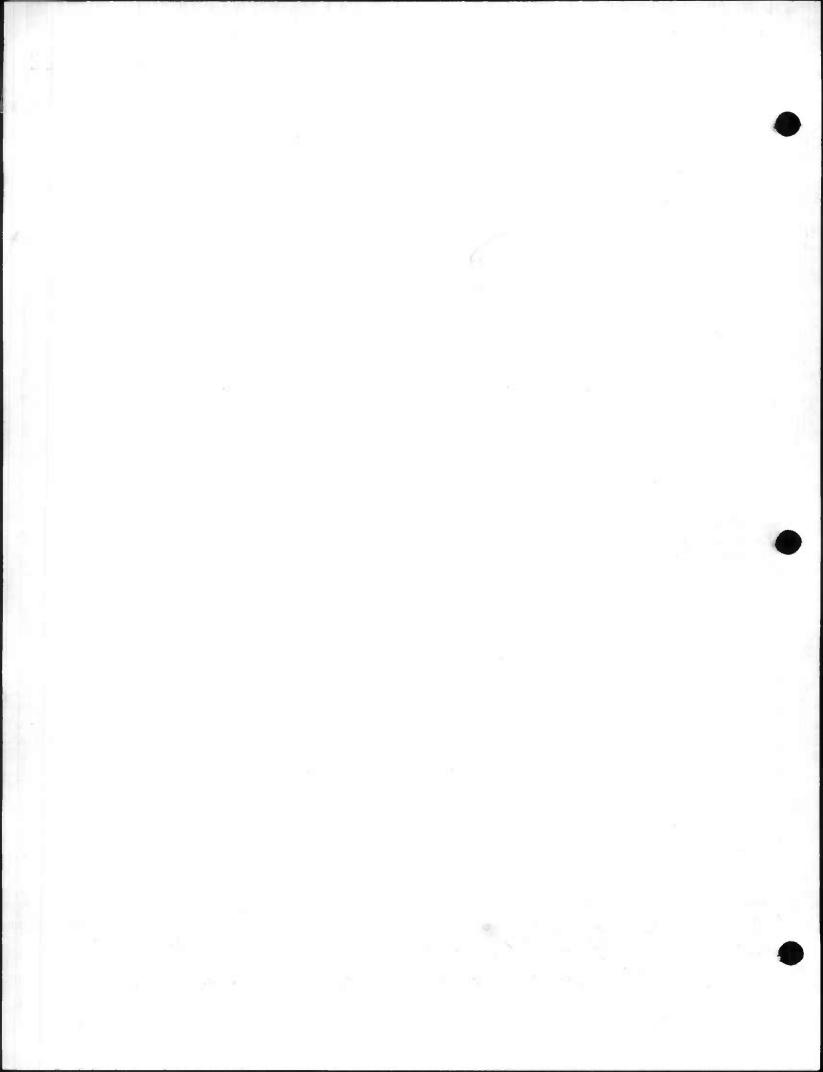
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) P08664 Mathew J. Fischer MD: University of Maryland Hospital, 22 S. Greene St., Baltimore, MD 31. Detertied (Month, Day, Year) 32. Aegistrer's Staneture

JAN 0 8 1997 31. Dete filed (Month, Day, Year)
JAN 0 8 1997 State Registrar

DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene

						Cen	tificate of	Death			Reg. No.	90	40022
П	Physic	ian	1. Decedent'e Neme (First, Mid							2. Date of De	Day	Year	3. Time of Death
J.	/Medi		KEITH	DERRE			MINOR			DEC.	31, 1	996	5:31 PM
7	Exami	ner	4a. Facility Name (If not instituted 4 306 PIML)		er)			BA	LTI	cation of Deat	h 4c. Count	y of Deeth	
	Funeral ا Director		5. Sociei Security Number 2.13 – 96 – 9557	6. Sex 7.	Age (in yrs. last 26	birthday) Yrs.	Months Days		Min.	8. Date of Bir	1 th /1 ^{eg} 70	9. Birth	ppiace (State or Foreign untry) — MD
	Manyland -f show	tor	Usual Residence of Decedent 10e. State 10b. Cour MD	N/A	10c. City, To		ation CIMORE						10d. Inside City Limits 1 ☐ Yes 2 ☐ No
	n with the	Funeral Director	10e. Street and Number 4603 PALL M	IALL ROAD			10f. Zip Code	21215			10g. Citizen of U.	What Cou	intry?
and 21215-0020	72 hours efter death with the Maryland natural; or items 23s or 28s-1 show deal Examples must be notified at	by	11. Maritel Stetus 1⊠ Never Married 2□ M 3□ Widowed 4□ Divorce	If Yes Give	s? ∑ No		as Decedent of Yes, specify Cul		ln? (Spe Puerto l	cify Yes or No Rican, etc.)	Specia	ack, White,	lcan Indian, , etc. BLACK
		eted	15. Deced (Specify only high	ent's Education hest grede completed)	16	6a. Decede	ent's Usual Occu	pation during most	of workir	na	16b. Kind of E	Business/Industry	
		Completed	Eiementary/Secondary (0-12		or 5+)		ind of work done O NOT use retire OSCAPII				GAR	DENI	ING
	ed al	To Be Co	17. Father's Name (First, Middle JOHN BUTI					18. Mother		(First, Middle	, Maiden Surnai INOR	me)	73.1
Maryland	12 hai	Ĕ	19a. Informant's Name/Relatio KATRINA MI	nship (Type, Print) INOR (MOTH)	(Type, Print) R (MOTHER) 19b. Mailing Address (Streat and Number or Rural Boute Number, City or Town A 6 0 3 PALL MALL ROAD BALTO., MI							Stale Z	g F05°)
Baltimore,	t. Pages 1 rtment of H tant: If iten ijury or oth		20a. Method of Disposition 1	(Specify)	00000	ZIOI	ition (Name of atory or other pla N CEME! Name and Addr	rery 1				WNE,	, MARYLAND
ä	Deparitment important		Deserte	docto CES	# 20				E				NERAL HM O.MD 21217
	Physician /Medical Examiner	iner	23a. Part1. Entar the disease, shock, or heart failure. Li Immediata Causa (Finai disease or condition rasulting in death)	a. MUL	TIPLE Dua to (or as	60	INSHO!	TW	Jo!	U3S	rrest,		Approximate Interval Between Onsat and Death
Box 68760,	seth certificate be axecuted attending physician end for use es the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Entar Underlying Cause (Disease or Injury that initiated avants rasulting in death) Last	c	Due to (or as								
	the atten hed for u	Physician/	Part II. Other significant condi	tions contributing to death	but not resulting	in the und	derlying cause g	iven in Part I.		23b. Did	tobacco use co	ontribute 1	to the cause of death?
P.0	thet the ed by detac									10	Yes 2000	3 Pro	obably 4 Unknow
of Vital Records,	law requires es been sign 2 should be	Completed by				,				24a. Was	en eutopsy ormed?	av	Vere autopsy findings veilable prior to ompletion of cause f death?
Re	0 - 0	Som								12	Yes 2 No		XYes 2□ No
/ita		Be	25. Wes case referred to medic axaminer?		-				of Death	(Check only	one)		AT
ot	5 00	2 1	XQYas 2☐ No 27. Manner of Death	Hospitai: 1 Inpa		Outpatient	3LI DOM		1		denca 6XXXII		(b) SCENE
	ding th. After fune	tion	1 □ Natural 5 □ Pend		ali Year)	Injury	28c. inju Wa 2 M 1	ork? Yes 2√N		Fan/1/	how Injury occo	110	-
Division	pital or Attending Phurs after death. Iral Director: After thi	Certification:	3 ☐ Sulcide 6 ☐ Coui	d not be 28e. Place et l	njury - At home,	2		\triangle		8f. Location (Street and Num	ber or Run	ral Route Number,
	urs after				KEST	Dea	CE			43061	INLICO	KD. 1	BALT., MD
1	1000	Medicai	29a. Certifiar (Check only	ing Phytician: To the besit it Examiner: On the basis and manner	of examination a	ga, daath o and/or inve	occurred at the t stigation, in my	ime, date and opinion, daath	piace, a occurre	nd due to tha d et the time,	cause(s) and m date and place,	anner as a and dua t	o tha cause(s)
(na)	Me	29ts. Signature and tills obtertif	-	- 1	//	29c. Licen	se number			29d. Date signe	ed (Month,	Day, Year)
1	1		177	Allu	call	4		O.C.M	.E.		JAN. ()1,	1997
	5		30. Name and address of perso	n who completed cause of	11.	1 Pe		eet,	Bali	timore	e, Mary	ylan	d 21201
	Sta Registr		JAN 0 8 1997	1) 32, mais	trans Signature	مكال				256			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40523 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Dey 5 Month **Physician** NORMAN C. NIBLETT 3:30 pm 12 96 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death
WICOMICO Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY 5 Social Security Number 6. Sex 126 M 2□ F If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth
Months Deys Hours Min. (Month, Day, Year) Birthplace (State or Foreign Country) 7. Age (In yrs. last birthdey) **Funeral** Deys 220-28-4364 Yrs. 58 Director Mar. 8, 1938 Mary land Usual Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f shor traumatic event, the Modical Examenor must be notified at 1 ☐ Yes 2 ☐XNo Directo Maryland Wicomico Salisbury 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 406 Woodview Square-Apt. I 21804 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces?

1 Yes 2 No 6/56
If Yes, Give
Yeer or Detes: 9-59 Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11 Meritel Stetus filed within 72 hours after 1 □ Never Merried 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 DXDivorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) Coilege (1-4or 5+) 12 private n sales 17. Fether's Neme (First, Middle, Last) mit. Pages 1 and 2 should be file partment of Health and Mental Hyportant: if item 27 is marked other y injury or other traumatic event 18. Mother's Neme (First, Middle, Maiden Sumame) John Sidney Niblett FLora Mae Williams 19e. Informent's Neme/Raletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Flora Newton/mother 408 Woodview Square-Apt.H, Salisbury, Maryland 21804 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Burlei 2 ☐ Cremetion 3 ☐ Removei from Stete Department of Important: If any Injury or once. 4 Donetlon 5 DOthar (Specify) 21. Signature of Funerel Service Licensee 22. Neme end Address of Facility Ronald S. Wade, Directo Director State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201-1559 23e. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart tellure. List only one cause on each line. Interval Between Onset and Death **Physician** /Medical . Squamous cell carcinoma of tonsil, metastatic Immedieta Cause (Finei diseese or condition resulting in deeth) Examiner Examiner human immunoduficiency virus) (A) physician and s the burial-trans Sequentially list conditions, if any, leeding to immediata cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Due to (or as e consequence of): Records, P.O. Box 68760. tobacco abuse rast Physician/Medical 10 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 No 3 Probably 4 Unknown + tobacco abuse signed t à 24b. Wara eutopsy tindings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? Vascular Disease Mellitus betes a certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case reterred to medical Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Presidence 8 Other (Specify) 2 this funeral 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of Certification: 28c. Injury et Work? 1 Netural 5 Pending Investigation 1 Yes 2 No 2 Accident

Division of Vital After death. or Attend after death Director: / To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the

1 Certifying Phyeician: To the bast of my knowledge, death occurred at the time, dete and place, and due to the causa(s) and manner as stated. 29a. Cartifier (Check only one) 2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete and place, end due to the cause(s) end menner steted. 29b. Signeture and title of cartities 29c. License number 29d. Dete signed (Month, Dey, Year) 1216196 original D45190 2 re-urithen 1/2/97

28e. Piece of Injury - At home, farm, street, tectory, office building, etc. (Specify)

edicai

31. Dete tiled (Month, Day, Year) State JAN 0 8 1997 Registrar

3 ☐ Suicide

4 Homicida

8 Could not be determined

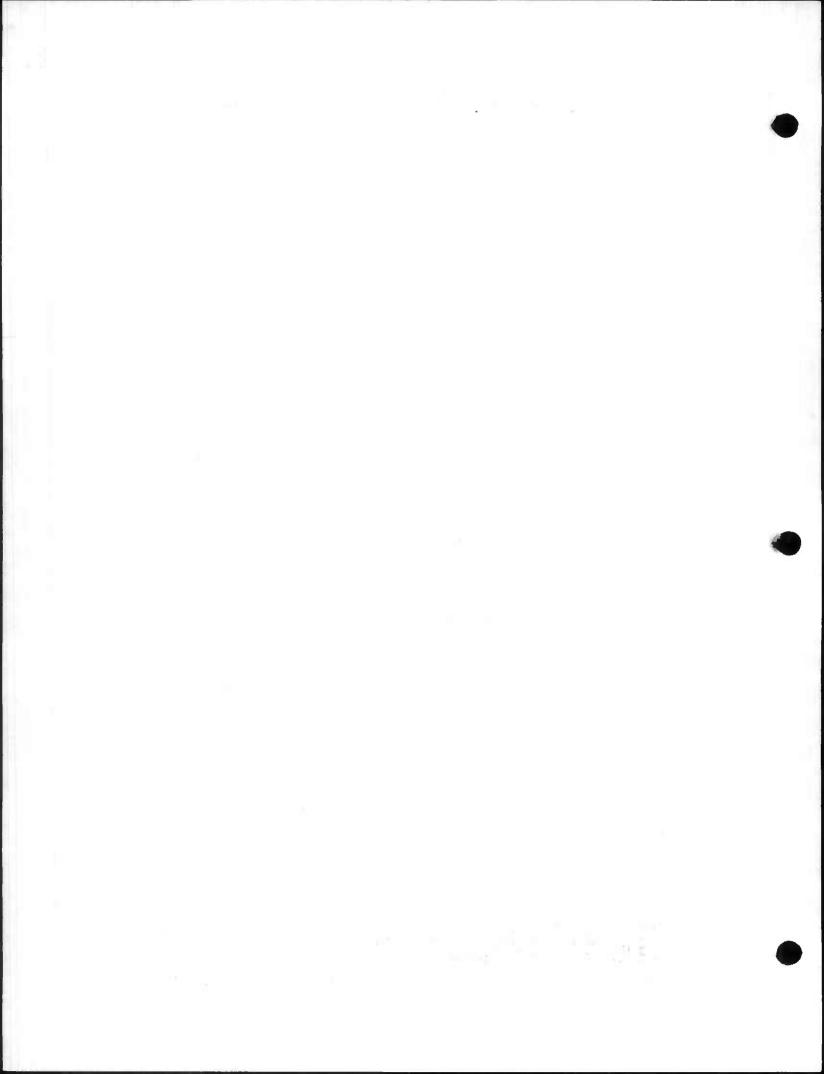
30. Name and addrass of person who completed cause of deeth (Item 23e) (Type, Print) d.S. ANDERSON, M.D., Dept. of Radiction Oncoby, Rninsula Ragional Med Ctr (addr. above) ما المالية الم

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

State of Maryland / Department of Health and Mental Hygiene Q 5

1.0521.

Certificate of Death	Reg. No.
1. Decedent's Name (First, Middle, Last)	2. Date of Death 3. Time of Death
Physician FRANKLIN A. OWENS JR.	December 26,1996 8:00 P.
/iviedical	r Location of Death 4c. County of Death
MARYLAND MANOR NURSING HOME GLEN BU	RNIE ANNE ARUNDEL
Funeral 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 H Months Days Hours Mi	(S. 8. Date of Birth n. (Month-Day,/Year) 9. Birthplace (State or Foreig Country)
Director 215-14-8839 80 Yrs.	n. (Month 2 Day / Year) Country) MD
Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location	10d. Inside City Limit
ANNE ARUNDEL PASADENA	
MD 106. Street end Number 106. Zip Code	10g. Citizen of What Country?
8370 BEACHWOOD PARK ROAD 21122	
MD ANNE ARUNDEL PASADENA MD 10e. Street end Number 8370 BEACHWOOD PARK ROAD 10f. Zip Code 21122 11 Marital Status 1 Never Married 2 Married 1 1 Yes \$\frac{2}{3}\frac{2}{3}\frac{1}{3}\frac{2}{3}\frac{2}{3}\frac{1}{3}\frac{2}\frac{2}{3}\frac{2}{3}\frac{2}{3}\frac{2}{3}\frac{2}{3}\frac{2}{3}\fr	U.S.A. Specify Yes or No- 14. Race - American Indian.
1 Yes 2 No Specify: 1 Yes 2 No Specify:	Black, White, etc. Specify: BLACK
15. Decedent's Education (Specify only highest grade completed) Elamentary/Secondary (0-12) 12 4 DIRECTOR	16b. Kind of Business/Industry
(Specify only highest grade completed) (Give kind of work done during most of wind an infanction of the completed) (Give kind of work done during most of wind an infanction o	
DIRECTOR 12. 4. DIRECTOR 18. Mother's N	EMPLOYMENT SER.
TO # £ 6 5 6 6 17. Father's Name (First, Middle, Last) 18. Mother's N	ama (First, Middle, Meiden Surnema)
The state of the s	MMA YOUNG
19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or I	Rurel Route Number, City or Town, Stete, Zip Code)
FRANKLIN A. OWENS3rd(SON) 8370 BEACHWOOD PA	RK RD - PASADENA, MD, 2112.
20a. Method of Disposition 20a. Method of Disposition 1 Burial 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) 21. Signeture of Funeral Sarvice Licensee 22. Name end Address of Facility	
4 Donation 5 Other (Specify) ARBUTUS MEM. PARK 1/	3/97 ARBUTUS, MARYLAND
1 Burial 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) 21. Signeture of Funeral Sarvice Licensee 22. Name end Address of Facility 1721-27 N. MONI	E.L. PHILLIPS FUNERAL H ROE STREET BALTO. MD 2121
23a. Part 1. Entar the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardishock, or heart failure. List only one cause on each line.	ac or raspiratory arrest, Approximate interval Batween
Physician	Onset end Death
/Medical Immediate Causa (Finat disease or condition rasulting in death) Myocardial Infarction a.	
Dua to (or as a consequence of):	
Essential Hypertension	10 years
Essential Hypertension Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Benign Prostate Hypertrophy	5 years
	3 Years
Causa (Disaase or injury that initiated evants resulting in death) Last Due to (or as a consequence of):	
Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I	23b. Did tobacco usa contribute to the causa of death
SAH SAH	1 ☐ Yes 2X No 3 ☐ Probably 4 ☐ Unknow
Records a has two organics a has been significant to the significant	24a. Was an autopsy performed? 24b. Were autopsy findings svailable prior to
DI NE PAR	completion of cause of death?
	1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No
25. Was case raferred to medical axaminer? 1	eath (Check only ona)
La Service Ser	Homa 5 ☐ Rasidence 6 ☐ Other (Specify)
25. Was case raferred to medical axaminer? 1	28d. Dascribe how injury occurred
2 Accident investigation M 1 Yes 2 No 3 Suicide 6 Could not be	
S S S S S Dullding, etc. (Specify)	28f. Location (Street end Number or Rural Route Number, City or Town, Stete)
The certifying Physician: To the best of my knowledge, death occurred at the time, date and play	
(Check only 2 Madicat Examiner: On the basis of examination and/or investigation, in my opinion, death oc	ce, end due to the cause(s) and manner as stated. currad at the tima, date and place, and due to the causa(s)
Z C Z G 0	
± ± ± 0 E 29b. Signature and title of setting 29c. License number	29d. Date signed (Month, Dey, Year)
and manner stated. 29c. Licanse number tending Physician) D14160	29d. Date signed (Month, Dey, Year) 12/27/96
tending Physician) D14160	
29c. Licanse number tending Physician) D14160 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) Harjit Singh, M.D. 5410-A Ritchie Highway Baltim	12/27/96



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

40525

_				Ceri	uncate of De	am	Reg.	No.	
н	Physic	ian	Decedent's Nama (First, Middla, Last)				Deta of Death Month	Day Year	3. Time of Death
J	/Medi		MARGARET LOUISE	SEY	MOURE			31 1996	11:55 PM
1	Exami	ner	4a. Facility Name (If not institution, give street and number)		100	Clas Bust	C - 10 / 10 / 10	4c. County of Death	
Н	Funenal		Mariner Nursing Home 5. Social Security Number 6. Sex 7. Aga (In vrs	. last birthday)		Glen Burr			
L	Funeral Director		217-03-4685 1 M X F 86 Usual Residence of Decedent	Yrs.		Hours Min. Fe	(Month, Day, Ye. Druary	75,1910°	nplace (State or Foreign with) lary land
	yland		10e. State 10b. County 10c. C	ity, Town or Loc	eation				10d. Inside City Limits
	e Mar	ctor	Maryland Anne Arundel Ba	ltimore					1 ☐ Yes 2 No
	or 20	Director	10e. Street and Number		10f. Zip Code			Citizen of What Cou	untry?
	ath w	- Fa	14 Circle Road		21226			U.S.A.	
020	be filed within 72 hours after death with the Maryland tal Hygiene. d other than "natural", or items 23s or 28s-f show event, the Medical Exertines must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 1 Never Married 2 Married 3 Never Married 4 Divorced 12. Was Decedent Ever in L Armed Forces? 1 Yas 2 No If Yes, Give Year or Dates:		/as Decedant of Hispa Yes, specify Cuban, N ☐ Yes 2 ◯XNo S		r Yas or No- an, etc.)	14. Raca - Amar Black, White Specify: Wh	
21215-0020	72 hours "netural",	Completed by	15. Decedent's Education	16a. Decede	ent's Usual Occupation	n	16b	. Kind of Business/l	industry
215	a. an "n	ple	(Specify only highest grade complated) Elamentery/Secondary (0-12) College (1-4or 5+)	1	ent's Usual Occupation sind of work done durin O NOT use retired)	ng most of working			
	2 should be filed within and Mental Hygiana. Is marked other than aumatic event, trackly	Соп	8th	Order				partment	Store
pug	tal H d oth	Be	17. Father's Neme (First, Middle, Last)	·h o		. Mother's Name (Fi	irst, Middle, Meid Jane	<i>ten Sum</i> ame) H i qdc	an .
Maryland	should nd Men marke	2	Eugene C. Lat			Mary			
	2 8 8		19a. Informant's Name/Reletionship (Type, Print) Blanche Rey Daughter	196. Mailing	Address (Street end Circle Roa	ad Baltimo	ore, Mary	land 2122	26
ē,	f Haaith tem 27 other tr		20e. Method of Disposition 20b.	Placa of Dispos	ition (Name of atory or othar place)	0	Pate 20c.	Location - City or 1	Town, Stata
m	Pagas nent of H int: If its		Lybunal 2 Commation 3 Chemoval from State	-	en Cemetery	/ Jan	3,1997	Glen Burr	nie,Marylan
Baltimore,	permit. Pagas 1 and Department of Haalth Important: If them 27 any injury or other th 2002.		21. Signature of Funeral Sept Servicence	22.	Name and Address o	f Facility	HOME D		
m	20118		Hilaw Stailings Sr.			FUNERAL			and 21122
			23a. Part1. Enter the disease, or complications that caused the dea shock, or hear failure. List only one cause on each line.	th. Do not ente	r the moda of dylng, s	ntain Road uch as cardiac or re	spiratory arrast,	Ha , Hal y I	Approximata Interval Batween
Ŋ,	Physician			20.0				1	Onsat and Death
1	/Medical Examiner	П	Immediate Cause (Final disaasa or condition resulting in death)	237				1	DHY
		5		or es a consequ	uenca of):	- +7-	, 11-		
	uted Insit	Examiner	6.1366700	HOINI	1	テノナム	-1		
ć	certificata be axecuted ording physician and usa as the bunial-transit	Еха	Sequentially tist conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Injuited events Due to (c	or as a consequ	ience of):			1	
68760,	ita be nysicié ha bu	icai	Ceuse (Disease or Injury that Initiated events resulting in death) Last Due to (c	or as a consequ	enca of):				
	n certifica anding ph usa as t	n/Medical	Toolsting in coattly cast]	
Box		lan/	d						
o.	requiras that tha death seen signed by the atter hould be datached for u	Physicia	Pert II. Other significent conditions contributing to death but not res	sulting in the und	derlying cause given in	n Pert I.	23b. Did tobac	co use contribute	to the cause of death?
Δ.	as that tigned by		ASCU				1 🗆 Yes	2 No 3 Pr	obably 4 Unierrown
Vital Records,	2 60	d by	DEMINISTRATION	1			24a. Was en au	atopsy 24b. V	Vere autopsy findings
000	w require s been si	olete	00101119	4			performed	0	evailable prior to completion of cause of death?
R	Tha law ata has b paga 2 s	Completed					1 ☐ Yes	1	Yes 20 No
ital		Be C	25. Was case referred to regulated		26	S. Plece of Details (C			0
(o)	S 50	70	examiner? 1 Yes Hospital: 1 Inpatient 2	ER/Outpatient	3□ DOA Othar:	Mursing Home	5 Residence	6 □Other (Spec	cify)
n c	Jing Ph h. Aftar th funaral	:uo	27. Manny of Death 28a. Dete of Injury (Month, Day Year)	28b. Time of tnjury	28c. Injury at Work?		Describe how Ir	njury occurred	
Sic	daath daath ctor: A ctor: A	cati	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be 290 ☐ Report of Legistry Alb			2 No	Landin (Otro-		-10
Division	i Dir	Certification:	determined 4 Homlcide determined 4 building, etc. (Spaci	ome, farm, stree	et, factory, office	281.	City or Town, St	end Number or Ru lete)	ral Houte Number,
	To the Hospital within 24 hours of the Funeral completely filled	edical	29a. Certifier (Check only one) Check only one) Check only one) Check only one) Check only one)	owledge, death of attornation and/or Inve	occurred at the time, o estigation, in my opinio	date end plece, and on, death occurred e	due to the cause t the time, date	(s) end manner as and pleca, and due	stated. to the cause(s)
	To th To th comp	X	29b. Signature and title of cartifiar	-	29c, License nu	mber	29d. i	Date signed (Month	Day, Year)
	^		16 14 MM & M	11) 1)20	りょうろ		1/6/7	/
	7		30. Name and address of person who complated cause of death (Ner	m 23e) (Type, P	rint)			1	
	,		1. ANIESMB	J35	UKEE	MIRCE	- ND	PIKE	WILLE M
	Sta Registr		1. Date fited (Month, Dey, Year) 32. Registrar's Sign	lson-Bind	.00			•	2/268
Dh	MH 16 Rev 6/9		JAN U 8 1997 guna David	May-Maylar	(ng)				
Un	10 LIGA D/3:	_	₹						

und 21122

TW

Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 40526 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Shellem **Physician** Month 4a. Fecility Name (If not institution, give street and number) Francis Dec. 11:45 1996 27 /Medical 4c. County of Death 4b. City, Town, or Location of Death Examiner Center

Hunder 1 Year

Devs ar If Under 24 Hrs. anne arunde Medical 15 anne arundo 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign Country) **Funeral** Deys 1X M 2 ☐ F Director 218 15 2863 33 Feb. 14,1963 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f ahow 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f ahov other traumatic event, the Medical Examiner must be notified all Director 1 ☐ Yes 2 ☐ No Maryland Crownsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 1220 Severnview Drive death Funeral 21032 United States 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indien, pernit. Pages 1 and 2 should be filed within 72 hours after. Department of Haalth and Mental Hygiena. Important: If item 27 is marked other than "natural", or item any Injury or other traumatic event. Bleck, White, etc. 1X Never Merried 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give 1 Yes 2√No Specify: g 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates: White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Contract Worker Opportunity Builders 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Francis J. Shellem 2 Joan M. Hazzard 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1220 Severnview Drive Crownsville Maryland 21032 Francis Shellem Father 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition
1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) Resurrection Cemetery Dec. 31, 1996 Clinton Md. 22. Name end Address of Facility
Robert E. Evans Funeral Home, P.A. 21. Signalum of Funeral Service Licensee 100 23a. Part I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. 16000 Annapolis Rd. Bowie Md. 20715 Approximate Interval Between Onset end Death **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) Examiner gortic Stenosis Examiner burial-transit The law requires that the death certificata be executed Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that Initieted events resulting in deeth) Lest and physiclan Physician/Medical tha Due to (or as a consequence of): attending p nse nse ed by tha a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 Z Unknown þ cate has been sig Be Completed 24a. Was an autopsy performed? 24b. Were autopsy findings aveileble prior to aveileble prior to completion of ceuse of death? this certificate 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical 26. Place of Deeth (Check only one) examiner? 1 ☐ Yes 2 No 27. Manner of Death Hospital: Other: 4 Nursing Home Thesidence 6 Other (Specify) Medical Certification: To 1 Inpatient 2 ER/OutpatienI 300 DOA 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Netural 5 Pending 2 Accident investigation 1 Tyes 2 No 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

12 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) and manner stated.

29d. Dete signed (Month, Day, Year)

Records, Division of Vital 6 Hospital or Attending Physician: 124 hours after death.
9 Funeral Director: After this certifice lately filled in by tha funeral director, I To the Hospital or within 24 hours aft To the Funeral Dis complately filled in

P.O. Box 68760,

Baltimore, Maryland 21215-0020

State Registrar

31. Dete filed (Month, Day, Year) JAN 0 8 1997

30. Name and address of person

5

Man

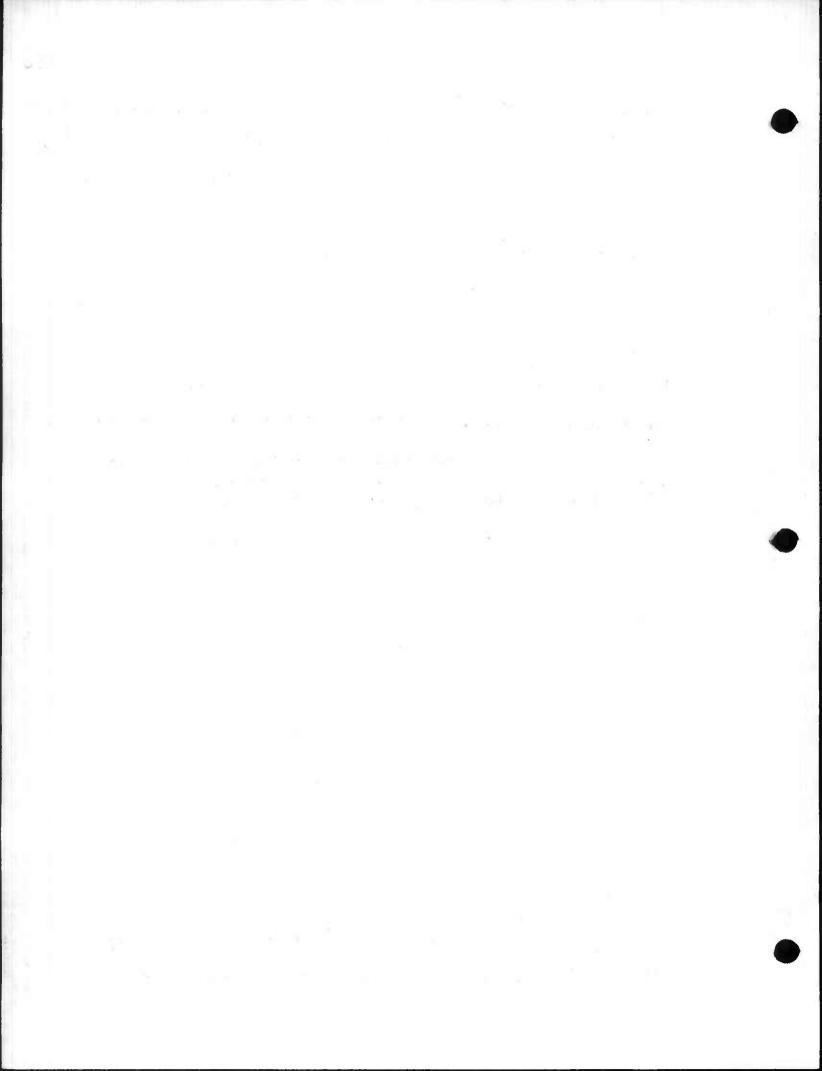
29b. Signature end litle of certifier

29a. Certifier (Check only one)



who completed cause or geeth (Item 23e) (Type, Print)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Dete of Deeth

40527

	/Medic Examir	3
	uneral irector	
pue	*	

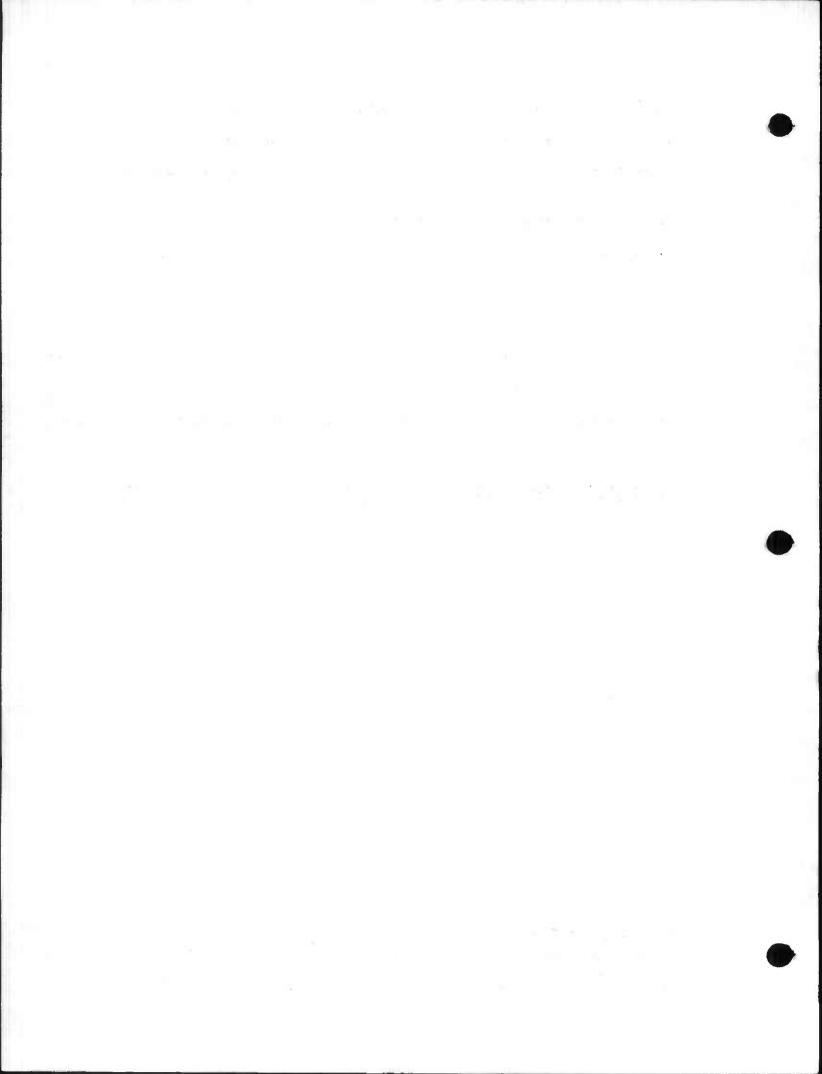
1. Decedent's Neme (First Middle Last)

GRACE SCHREIECK December 30, 1996 11:34 am 4e. Fecility Neme (ff not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth RIVERVIEW NURSING CENTRE, INC. BALTIMORE MARYLAND 21221 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Deys Hours Min. (Month, Dey, Year) 5. Sociel Security Number Birthplece (State or Foreign Country) 1 M 2 F Yrs. 547-76-6130 October 14,1913 Unknown Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Director Maryland Baltimore Baltimore, Maryland 1 Yes 2 No must be notified 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? or items 23s # 1 EASTERN Bouldevard 21221 Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 þ 3 Widowed 4 □ Divorced Specify: WHITE "natural", Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry be filed within 7 tal Hygiena. Elementery/Secondery (0-12) College (1-4or 5+) UNKNOWN UNKNOWN HOUSE WIFE NONE 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) s 1 and 2 should be fit I Haaith and Mental H tem 27 is marked out CHARLES MITZENIUS EDNA GRAHAM 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2: Department of Haalth as Important: if item 27 is any Injury or other tracence. Ethel Huneke/daughter 12540 Ulrich Avenue, Baltimore, MD Dete 20c. Location - City or Town, State
December 655 West Baltimore St. 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 Donetion 5 Other (Specify) Anatomy Board of Maryland 30,1996 21201 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility Ropald S. Wade State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 23e. Per 1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediate Cause (Final ATHEROSCLEROTIC HEART DISEASE UNKHOWN diseese or condition resulting in deeth) **Examiner** Due to (or es e consequence of): Examiner HYPERTENSION physician and the burial-transit that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) DIABETES - INSULIN DEPENDENT Box 68760. Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Ö 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown PERIPHERAL VASCULAR DISEASE ρ Records. 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes an autopsy performed? 1 ☐ Yes 2 No 1 Yes 25€ No Viital Be 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: Nursing Home 5 Residence 6 Other (Specify) L o 28e. Dete of Injury (Month, Dey Year) 27. Magner of Deeth 28b. Time of 28c. Injury et Work? Certification: 28d. Describe how Injury occurred Division Aftar Hospital or Attending 1 Naturel 5 Pending death. Investigation 1 ☐ Yes 2 ☐ No 2 Accident after death 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) in by 4 - Homicide fillad 24 hours edical 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. To the Hosp within 24 ho To the Fune complately f (Check only one) 2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture end title of certiling 29c. License number 29d. Dete signed (Month, Dey, Year) austale M. D. 040008 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) FRANKLIN SQUARE DRIVE, BALTIMORE, MO. 9105 32. Registrare Signature 31. Dete filed (Month, Dey, Year) State JAN 0 8 1997

Registrar

State of Maryland / Department of Health and Mental Hygiene 96 40528

						Cer	tificate of	Death		R	eg. No.			
f			1. Decedent's Nema (First, Middla,	Last)						2. Dete of Dee		Maria	3. Time of	Death
	Physic		Katherine	A		<	mith			Decemb	or 31 19	Year 96	915	PM
Ď.	/Medi Examii		4a. Facility Neme (If not institution,	give street end number)				4b. City, To	own, or Lo	cation of Death	4c. County			
1			Wilson Health Ca	re Center				Gaith	ersb	urg	Mont	gome	rv	
H	Funeral				e (In yrs. last i	birthdey)	If Undar 1 Yea	r If Undar	24 Hrs.		-4-	0	place (Stete ontry)	or Foreign
	Director		219-30-8925	1□ M 21XF	89	Yrs.	Months Days	Hours	Min.	(Month, Day May 26,	1908	Mary		
			Usual Residence of Decedent							17dy 20,	1700	rial y	Land	
	ylen year		10a. Stete 10b. County		10c. City, To	own or Loc	ation						10d. Inside C	ity Limits
	M TE	to	Maryland Montgo	merv	Gait	hers	hure						1 🗆 Yes	2 No
	284	Director	10e. Street and Number				10f. Zip Code			1	0g. Citizen of \	What Cou	ntry?	
	Sa o	0	401 Russell Aver	1116			208	77			U.S.A			
	Tie 2	Funerai	11. Marital Status	12. Wes Decedent I	Evar In U.S.	13. W			lain? (Spi	ecify Yas or No-			can Indien,	
	fler of the control o	F	1 Nevar Merried 2 Merrie	Armed Forces? d 1 ☐ Yes 2 ☑ N	lo	If	as Dacedant of Yes, specify Cul	ben, Mexica	n, Puarto	Rican, etc.)	Blee	ck, White,	atc.	
21215-0020	within 72 hours efter deeth with the Maryland ene. than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	þ	3 N Widowed 4 □ Divorced	If Yes, Give Yaer or Datas:		1	☐ Yes 2 🔯 No	Specify:			Specify	wh:	ite	
ŏ	2 hou	8	15, Decedent's	Education	16	Sa. Decede	ent's Usual Occu	pation		1	16b. Kind of B	usiness/ir	dustry	
75	nin 7	Completed	(Specify only highest		,	(Give k	rind of work done O NOT usa retir	e during mos ed)	st of work	ing			,	
5	with plens	E	Elementary/Secondery (0-12)	College (1-4or 5		rect	or Chri	stian	Educ	ation		E	ducato	r
D	事事	BeC	17. Fether's Nema (First, Middla, La	ist)				7		(First, Middle,	Meiden Sumen			
ar	id be ental ked o	To B	George Washingto	n Alt				Anna	Est	ella An	drews			
Maryland	amer mer	-	19e, Informent's Neme/Reletionship	o (Type, Print)	1	9b. Melling	Address (Stree	et end Numb	er or Run	al Route Numbe	r, City or Town,	Stete, Zir	Code) 2	0906
Ž	od 2 lith a 27 lis		George Alt/brot	her						pt. 2A,	_		_	
ē,	Hoa Hoa		20a. Method of Disposition		20b. Plece	of Dispos	ition (Name of				20c. Location -			•
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Baltimore,	it. P		4X Donetion 5 ☐ Other (Spe 21. Signature of Fungari Service Lie		_	22	Nama and Addi	rees of Espili						
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Frank Charles Sevarino Month 12 **Physician** 3:20 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 13431 Overbrook DI Prince George BOWIE 9. Birthplece (State or Poreign Country) If Under 24 Hrs. 5. Sociel Security Number 6. Sex If Under 1 Year 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) **Funeral** Months Deys 1 X M 2 ☐ F Hours Yrs. **Director** 048 24 5093 64 June 20,1932 Massachusetts Usual Residence of Decedent Show 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Maryland Prince George's Director Bowie NYes 2□No 28a-f 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 items 23a 13431 Overbrook Lane 20715 Funeral United States 12. Wes Decedent Ever in U,S. Armed Forces? Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian a filed within 72 hours efter all Hygiene. Bleck, White, etc. X★☆ Yes 2 No
If Yes, Give
Yeer or Dates: 51-55 1 ☐ Never Merried 2 ☑ Married Baltimore, Maryland 21215-0020 1 Yes St No Specify: ð 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Sacondary (0-12) College (1-4or 5+) 12 Meat Cutter Retail Food permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic event. 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) Be Charles Joseph Sevarino 2 Rita Irene Beaudoin 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Addrass (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Barbara L. Sevarino Wife 13431 Overbrook Lane Bowie Maryland 20715 20a, Method of Disposition

Burlal 2 Cremation 3 Removel from State 20b. Pleca of Disposition (Nama of Date 20c. Location - City or Town, State cemetery, crametory or other place) 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery 1/2/97 Brentwood Maryland 22. Name end Address of Fecility Robert E. Evans Funeral Home, P.A. 21. Signature of Funeral Service Licensee Kole Vans Us 16000 Annapolis Rd. Bowie Md. 20715 23a. Part1. Enter the disease, or complications that paused the deeth. Do not enter the mode of dylng, such as cardiec or respiretory errest, shock, or haert failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** Immediata Cause (Final disease or condition resulting in death) /Medical Poncreatic Carcinoma **Examiner** Physician/Medical Examiner the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury pue Due to (or as e consequence of): Box 68760. Physician: The law requires that the death certificate be thet initiated events resulting in deeth) Lest Due to (or es e consequence of): Se esn ò P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. deteched 23b. Did tobecco use contribute to the cause of death? Mellitus 1 Yes 2 No 3 Probably 4 Unknown Diabetes Records, þ 24b. Wara autopsy findings aveilable prior to complation of cause of death? Completed 24a. Was an autopsy performed' page 2 1 Yes 2 No 1 □ Yes 2 □ No Division of Vital director. Be 25. Wes case referred to medical exeminer? 26. Pleca of Death (Check only ona) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Spacify) 1 ☐ Yes 2 ☑ No ٩ 28e. Dete of Injury (Month, Dey Yeer) 27. Menner of Death 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 1 Netural 5 Pending investigation 1 Yas 2 No 2 Accident 6 ☐ Could not be 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) datamined 4 Homicide Š Hospital 24 hours 12 Cartifying Physician: To the best of my knowledge, death occurred at the time, date end plece, end due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date end plece, end due to the ceuse(s) end manner stated. 29e. Certifian To the Hosp within 24 hor To the Fune completely fi Medica (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 5+1 30. Name and orderess of person who completed cause of death (Itam 23a) (Type, Print)

Lynne Gaynes, 14201 Laure | Park Dr # 214, Laure 2. Name and eddress of person with the second of the secon 31. Date filed (Month, Day, Year) State JAN 0 8 1997 Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie. State of Maryland / Department of Health and Mental Hygiene 40530 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month atharine 29 1996 Kegina Dec. 1,10 Am 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 3015 SWOY Prince Bornie reorde's rang 5. Sociei Security Number 8. Sex If Under 1 If Under 24 Hrs 7. Age (In yrs. lest birthdey) Birthpleca (Stelle or Foreign Country) Deys Hours Months 1 □ M 2 🖾 F Yrs. 68 Oct. 5,1928 579 34 6979 Washington D.C Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George's Bowie 1 1 Nes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3015 Savoy Lane 20715 United States 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Status 14. Bace - American Indien. Bleck, White, etc. 1 Never Married 2 Merried ☐ Yes 2 ☑ No I Yes, Give 1 Yes 2√XNo Specify: 3 ☐ Widowed 4 ☐ Divorced Year or Dates: White 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Willie Jim Matthews Catharine Alicia Purks 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kurt M. Sorg 3015 Savoy Lane Bowie Maryland 20715 Husband 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 1 Buriel 2 Cremetion 3 Removel from Stete 20c. Location - City or Town, Stete 4 ☐ Donation 5 ☐ Other (Specify) Maryland Veterans Cemetery 1/2/97 Crownsville Md. 22 Neme end Address of Facility Robert E. Evans Funeral Home, P.A. 21. Signature of Funeral Service Licenses 16000 Annapolis Rd. Bowie Maryland 20715 Enter the disease, or complications that caused the deeth. Do not enter the mode of dyling, such as cardiec or respiretory arrest, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Acute muelocutic leuhemia MOS Immediete Cause (Finei disease or condition resulting in deeth) Due to (or es e consequence of): Due to (or es e consequenca of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2000 3 Probably 4 Unknown 24a. Wes an autopsy performed?

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23s or 25s-f show the Medical Examiner must be notified at

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physicien and the burial-transit The law requires that the death certificate be executed Records, P.O. Box 68760 USB BS attending for use as the the à signed I peen page 2 916 of Vital certifica director, Bis.

in 24 hou. To the Hosp within 24 ho To the Fune completely f 12

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24b. Wera eutopsy findings available prior to completion of cause of death? 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case reterred to medical axaminer?

1 Yes 2 No 28. Place of Deeth (Check only one) Other: 4 Nursing Home Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 8 Other (Specify) 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation 3 ☐ Suicide 8 Couid not be determined Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medical 29a. Certifier 🔁 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and pleca, and due to the ceuse(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) and menner steted. 29b. Signetur end title of certifief 29d. Deteisigned (Month, Dey, Year)

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completed cause of deeth (Item 23a) (Type, Print) 30. Neme end eddress of person who elouid, uno 900

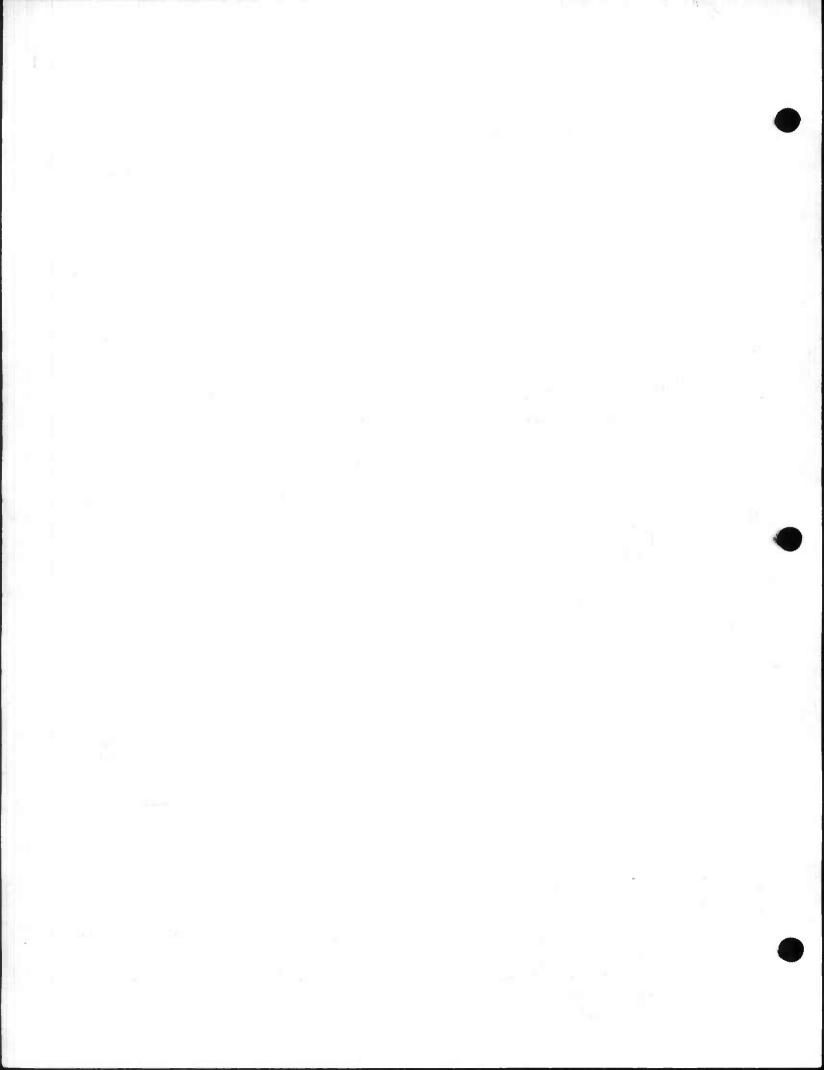
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State of Maryland / Department of Health and Mental Hygiene

					Certificat	te of Death	R	eg. No.	Ö	40031		
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	Exami	ner	4a. Facility Nama (If not institution, gi 2801 WEST NO			4b. City, Town, or L BALTIM		4c. County	of Death			
	Funeral Director			Sex 7. Age (In yrs. II 1	1 Yrs. if Under Months	r 1 Year If Undar 24 Hrs. Days Hours Min.	8. Date of Birth (Month, Day,	Year) 424	9. Birthp	lece (State or Foreig		
	he Maryland	Director	10a. State 10b. County	10c, City 28		North A	Bu	4. M.	١, ١	0d. fnside City Limits		
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pu	8 E 0 X	Be	17. Father's Name (First, Middle, Las			18. Mothar's Nam	e (First, Middle, M	Malden Surnam	Θ)			
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\$	100	2	examiner? XXYes 2□ No		R/Outpatient 3□ DC	Others	ma 5 🖾 Reside		ar (Specify	')		
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	H		30. Name and address of person who DR.STEPHEN S.			TREET, BALT	IMORE,	IARYLA	ND 2	1201		
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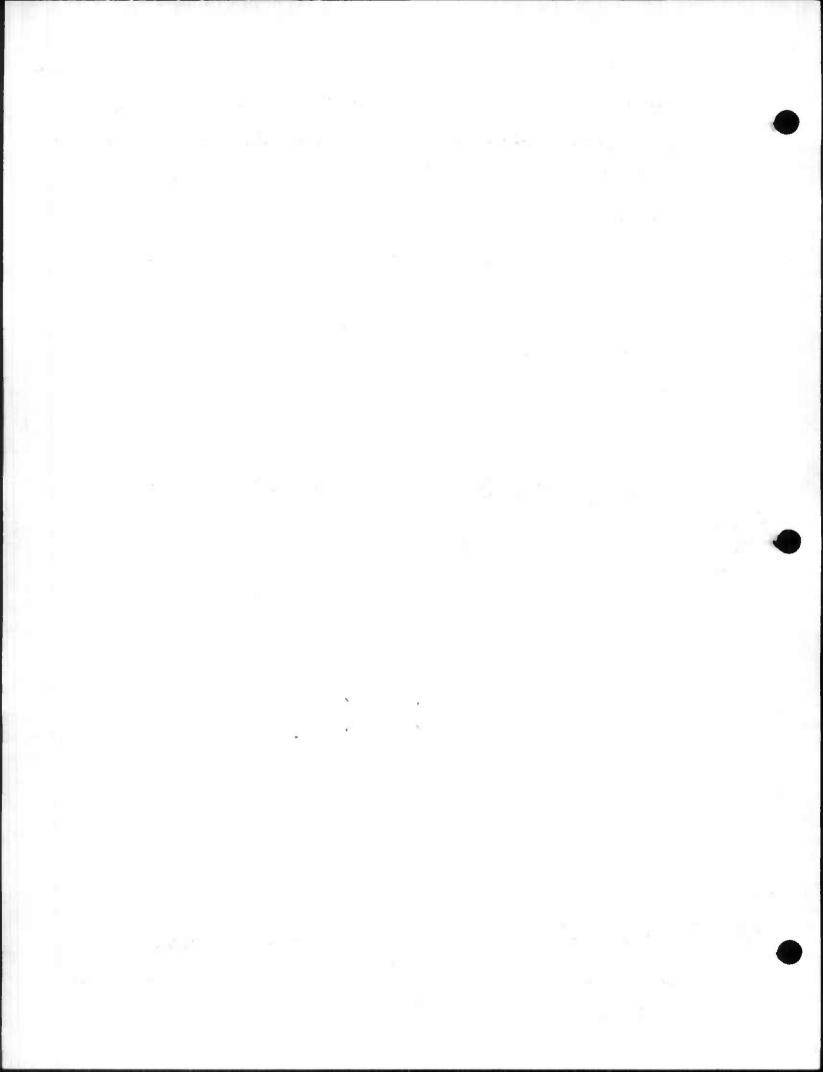
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Page nent o		20e. Method of Disposition 1 □ Buriel 2 □ Cremetion 3 □ F 4 ☒ Donetlon 5 □ Other (Specify)		20b. Pleca of Dispo cemetery, cres	unkn esition (Neme of metory or other ple		Dete	20c. Location	City or Tow	n, State
Balt permit. Departments		21 Signature of Furjerel Service Licens		for S	2. Name end Addr tate Ana altimore	ess of Fecility tomy Boar , Marylan	d, 655 W	. Balt	imore	Street
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To the Hospital or Attending Within 24 hours effer death. To the Funeral Director: After completely filled in by the fune	Certification:	3 Suicide 6 Could not be determined	building, etc.				281. Location (St City or Town	n, Stete)		
To the Hospital within 24 hours e To the Funeral C	edicai	29a. Certifier (Check only one) 12 Certifying Physical Control Contro	sician: To the best of ner: On the basis of e end menner stet	my knowledge, deeth examinetion end/or inved.	occurred at the ti restigation, in my o	me, date end plece, ppinion, death occur	end due to the cared et the time, do	ause(s) and me ete end plece,	enner es stet and due to th	ed. ne cause(s)
To th To th	W	29b. Signeture end title of certifier			29c. Licens			9d. Dete signe		
		30. Name end eddress of person who co	mpleted cause of de	eth (Item 23e) (Type.	Print)	S-000 > Hospita)	lecember	27	1976
		Karl Hsu MD.	Tower	110, John.	s Hopkin	> Hospita	1 Balt	more 1	Mary	land
St Regist	ate rar	31. Dete filed (Month, Dey, Year) 1AN 0 8 1997	34 Hegistrer	's Signeture						

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death DECEMBER 26 **Physician** WELLINS HOMER /Medicai 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Glen Burnie NORTH Arundel HOSPITAL AnneArundel If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** 1 X M 2 □ F 217-14-9656 73 Yrs. Director May 23, 1923 Maryland Usual Residence of Dacedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28s-f show 1 ☐ Yes 2 No Director Maryland Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? b Items 23a 102 E. 11th Avenue U.S.A. 21225 12. Was Decedent Ever in U,S. Armed Forcas? 1 □ Yes 2 □ No If Yes, Give Yaar or Dates: unknown 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 'natural', or Itan dical Examiner 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1□ Yas 2□ No unknown Specify: white 2 No þ 3 ☐ Widowed 4 🏋 Divorced Completed The Medical 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within Elementary/Secondary (0-12) College (1-4or 5+) Hygiene. unknown unknown unknown unknown 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Melden Surname) Be Pages 1 and 2 should be next of Health and Mental Unknown unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) nt of Health a the them 27 is or other traunknown 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 □ Donation 5 XOther (Specify) in-state dore of Emeral Service Licenses 22. Name and Addrass of Facility State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland Baltimore, Maryland 21201

11. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ock, or heart failure. List only one cause on each line. 21201 Onsat and Death **Physician** /Medical Immediate Cause (Final SEPSIS DAYS Examiner Due to (or as a consequence of) Examiner 30 DAYS PNEUMONIA The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760. Physician/Medical Due to (or as a consequence of): use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Onknown CONGESTIVE HEART FAILURE Records, þ 24b. Were autopsy findings available prior to complation of causa of death? Completed 24a. Was an autopsy performed? 1 Yes 2 No Division of Vital of a transfer of the state of t Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Pinpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Matural 5 Pending 1 Yes 2 No investigation 2 Accident 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 26e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homleide To the Hospital o within 24 hours of To the Funeral Di 112 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and dua to the causa(s) and manner stated. 29a, Cartifier 29b. Signatura and titla of certifia/7 29c. Licansa number 29d. Date signed (Month, Day, Year) Jahwan Baleuz. MD D47861 DECEMBER 26, 1996 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) BOATENG NORTH ARUNDER HOSP. GLEN BURNIE MD 21061 JOSEPH 31. Date filed (Month, Dey, Year) 32. Ragistrar's Signature State JAN 0 8 1997 Registrar

DHMH 16 Rev 6/95



		State of Maryland / ITEM: 5,7,8,16a,16b,17,18,PER R.W G-747 eoh 1. Decedent's Name (First, Middle, Last)			, 0	96	4 0 5 3 L			
Physi /Med Exam	dicai		AGNER	b. City, Town, or Lo	DEC	Dey Yeer 3 / 96	10:55A			
Funera	ai	SHADY GROVE ADVENTIST HOSPITAL 5. Social Security Number 216-32-7013 2-13-10-5928- 1 M 2 T 81-90	inthday) If Under 1 Yeer Months Days	ROCKVIL If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey, Y	MONTGOM				
Directo	AF 2	213-10-5928 81 90 Usual Residence of Decedent 10a. State 10b. County 10c. City, Tow			3-27-13	3 1 1300	10d. Inside City Limits			
the Man 28a-f sh	Director	MD Montgomery Gaith	ersburg		10g. Citizen of		1 ☑ Yes 2 ☐ No			
3e or		211 Russell Avenue	2087	7	109	YSA	AUGINITY I			
72 hours after death with the Maryland naturel, or items 23e or 28a-f show fical Examiner must be nutified at	by Funeral	11. Marifel Status 12. Wes Decedent Ever in U,S. Armed Forces? 1 Never Married 2 Married 1 Yes 2 No	13. Was Decedenf of H If Yes, specify Cube 1 ☐ Yes 2 ☐ No	ispenic Origin? (Sp in, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	14. Rece - Arr Bleck, Wh Specify:	nerican Indian, lite, efc. White			
d within giene.	Completed	(Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+)	irie. DO NOT use retired	d of work done during most of working NOT use retired) UNKNOWN						
S d b	To Be	17. Fether's Name (First, Middle, Last) -unknown LEWIS WARNER		18. Mother's Name	e (First, Middle, Me 10WN	AURA SPRIGI	LE			
d 2 should th and Mer 7 is merke traumatic	1	19a. Informant's Name/Relationship (Type, Print) 19	b. Mailing Address (Street	end Number or Run	ei Route Number, C	City or Town, Stele	, Zlp Code)			
of Heal of Heal filem 2 r other		unknown 20a. Method of Disposition 1 □ Burlal 2 □ Cremation 3 □ Removal from State 4 ☑ Donation 5 □ Other (Specify)	unkno of Disposition (Neme of ary, cremetory or other piece	1	Date 20	c. Location - City o	or Town, Sfete			
permit. Pag Department Important: i	ough.									
Physician and physician and physician and physician and set the bunial-transit	edicai Examiner	Cause (Disease or Injury	consequence of):	ARCTIC	DN	1	Approximate Interval Between Onset and Death ACUTE INDEF 7 DAYS			
It tha death certifi by the attending tached for use as	Physician/M	Pent II. Other signifficant conditions contributing to death but not resulting	In the underlying cause give	en in Pert I.			te to the cause of death'			
law requiras that as been signed b 2 should be dete	ompleted by F			0	24e. Wes an operforme		. Were eutopsy findings eveileble prior fo completion of cause of death?			
The ate h	Com				1 ☐ Yes	2000	1 Yes 2 No			
Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?	Oth		h (Check only one)					
Attending Physic death. Sector: After this by the funeral di	Certification: To	27. Menner of Deeth 28a. Date of Injury 28b.	Time of Injury 28c. Injury World 1 arm, streef, factory, office	yet (? Yes 2 No	me 5 Residence 28d. Describe how FLL IM 28f. Location (Street City or Town, Street City or T	injury occurred BATH et end Number or I	ROOM Rural Route Number,			
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edical C	29a. Certifier (Check only one) Cartifying Physicfan: To the best of my knowledge on the best of examinetion are on manner stated.	e, death occurred at the timed/or investigation, in my op	ne, date and place, pinion, deeth occurr	end due to the caused at the time, dete	se(s) and manner as send placa, and du	as steted. ue to the ceuse(s)			
To the Within To the comple	Me	29b. Signature end title of cardiful	29c. License	70 9 9	290	Dete signed (Mor	97			
s	tate	30. Name and eddress of person who completed cause death (Nam 23a) AN CLS AFFICE 31. Date filled (Month, Day, Yeer) 32. Registrar's Signature	(Type, Brint)	d Ro	BETH	ESPAI	M) 308/3			

DHMH 16 Rev 6/95

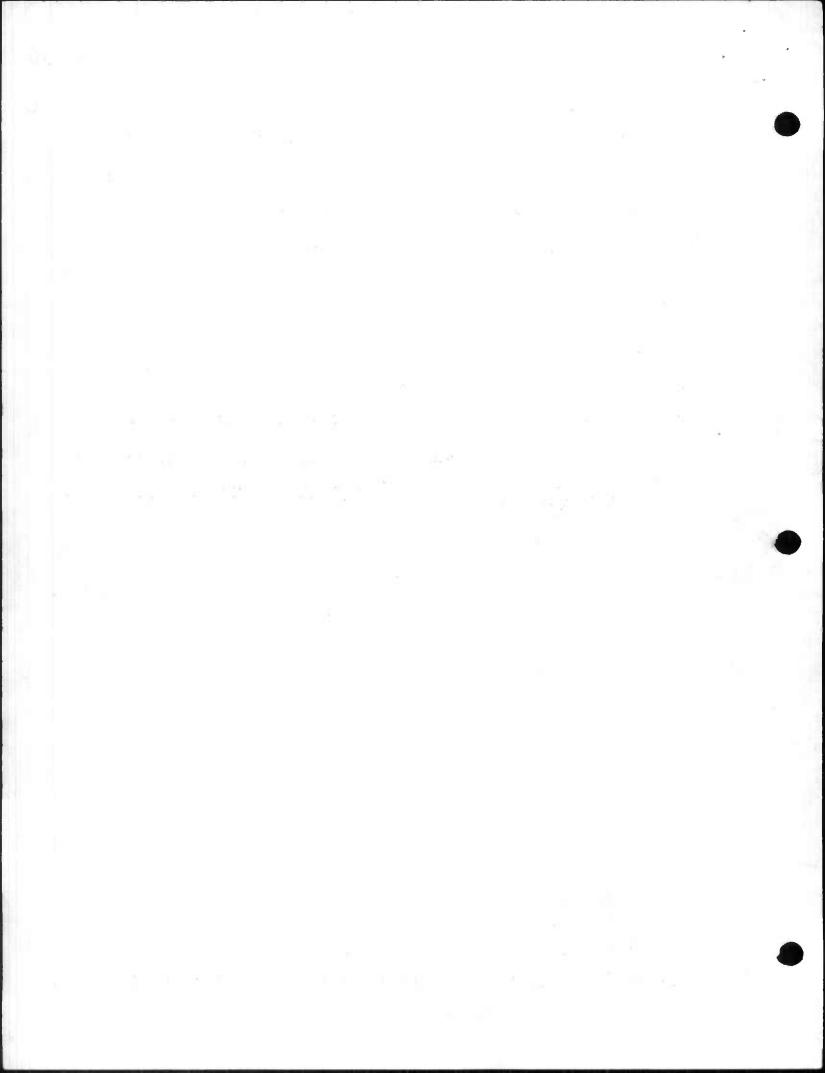
Figure 1 and the state of the s

State of Maryland / Department of Health and Mental Hygiene 96 40535

II	_	MS: 28a,b,c per MD G		reb	Certific	cate of	Death	2. Dete of Dea	Reg. No.		3. Time of Death
Physician /Medical Examiner	ı	HOMER CER	re street end number				4b. City, Town, or L	Month DECEMBI	Dey 22 4c. County	of Death	11:06 PM
	L	Fallston Genera					Fallsto			rford	
Funeral Director		5. Sociel Security Number 6. S 213 16 9267 Usuel Residence of Decedent	Sex 7. Ag	ge (In yrs. last 75	Yrs. If U	Inder 1 Yee oths Deys		8. Dete of Birtl (Month, Day Nov. 9			lece (Stete or Foreign try) yland
a-f show		Maryland Balt:	imore	10c. City, T	own or Location		Baltimore			10	0d. Inside City Limits
ane. than 'natural', or items 23e or 28e-f show the Medical Examiner must be notified at ompleted by Funeral Director		Oe. Street end Number 1329 Dartmouth A	ve.		101	f. Zip Code	21234		10g. Citizen of United		,
by by		1. Marital Stetus 1 Never Married 2 Merried 3 WWidowed 4 Divorced	12. Wes Decedent Armed Forces? 1 XYes 2 If Yes, Give Yeer or Detes:	No No	4 🗆 V	ecedent of specify Cul	Hispenic Origin? (Sp ban, Mexicen, Puerto Specify:	pecify Yes or No- Rican, etc.)	14. Red Ble Specif	ce - Americ ck, White, o y: W	
"natur edical		15. Decedent's E. (Specify only highest gra-	Education grade completed) College (1-4or 5+)		16a. Decedent's Usuel Occupetion (Give kind of work done during most of wilde. DO NOT use retired) Underwriter		e during most of work ed)	king	16b. Kind of B		
S F S		7. Fether's Neme (First, Middle, Last,			Und	erwri	18. Mother's Nam	o /First Middle			Company
To Be			worth	W	lise		Urith	e (First, Middle,	Meldell Sumer		Taylor
T ls m		19e. Informent's Neme/Reletionship (Carolyn L. Roush					t end Number or Rui				
	12	20e. Method of Disposition		20b. Plece	of Disposition	(Neme of	Hill Rd.	Dete Dete	20c. Location		
ortant: If Injury or B.		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specification)			n Mount	,	,	/25/96	Ba1t	imore	, MD
eny Injury once.		21. Signatoria of Funeral Service Licer	(See)	-	CAFA	Step	ess of Fecility then D. Lo en Pasture	hrmann I	P.A.	ro M	D 21286
ician dical niner		23a. Part 1. Enter the disease, or com shock, or heert teilure. List only immediate Cause (Finel disease or condition esulting in deeth)			oo not enter the				est,		Approximete Interval Between Onset and Deeth
n and ial-transit Examiner			b. ACL	ITE	PULMA	WAR	4 EDG	TA			Hour
		Sequentielly list conditions, feny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events		Due to (or as	e consequence	of):					
· Z	'	Cause (Disease or Injury) hat initiated events esulting in death) Last	d	Due to (or es	e consequence	of):					
To lo	P	art II. Other significant conditions o	ontributing to death b	ut not resulting	g in the underlyi	ng ceuse g	iven in Pert I.	23b. Did to	obacco use co	ntribute to	the cause of death?
igned by the igned by deteched by Physical								1 🗆 Y	'es 2□ No	3 Prob	ebly 4 Unknown
2 should	-							24e. Was e perfor		eve	re autopsy findings illeble prior to apletion of ceuse leath?
Com								1 🗆 Y	es 2000	1	Yes 2 No
director, per	2	5. Wes case reterred to medical exeminer?	Hospitel:			0	26. Plece of Deet	h (Check only or	ne)		
T D	2	1 ☐ Yes 2 10 No 7. Menner of Death	1 ☐ Inpatie		Outpatient 3	JOOA		me 5 Reside)
the funer	-	1 Neturel 5 ☐ Pending 2 ☐ Accident Investigation	(Month, De	y Year)	Injury 0 M	28c. Inju Wo	Yes 2000	28d. Describe h	ow injury occur	rea	
ed in by the funeral		3 Suicide 6 Could not be determined	28e. Plece of Inj building, et	ury - At home, c. <i>(Specify)</i>	ferm, street, fac	ctory, office		28f. Location (Si City or Town	treet and Numb n, Stete)	er or Rural	Route Number,
lcal	2	9e. Certifier (Check only one) 1 Certifying Ph. 2 Medical Exam	velcian: To the best of the basis of the bas	examinetion :	lge, deeth occur and/or Investiga	red et the ti	me, dete end plece, opinion, deeth occurr	end due to the cred et the time, d	ause(s) and me ate and place,	enner as ste end due to	eted. the ceuse(s)
To the comple	2	90. Signature and life of dertifier	4			29c. Licen	se number	1 2	9d. Date signe	d (Month, D	Dey, Year)
121	3	D. Neme end andress of person who	completed cause of d	leeth (Item 23e	e) (Type, Print)	D	1000		1991	16	
State	3	1. Dete filed (Month, Dey, Year)	THE RIEL	03 er's Signature	ARCOS	1 DR	IVE GA	ethous b	uch	141)

Registrar

JAN 0 8 1997 July Savidson-Rendelle



				Otate of Mi	arylano /	Certificate of		, ,	eg. No.	36	40536
	Dhuaiai	on.	1. Decedent's Name (First, Middle, L					2. Date of Deat Month	-	Year	3. Tima of Death
	Physici /Medi		Ruby Helen Albe					Decembe			12:30 pm
0	Examir	ner	4a. Facility Name (if not institution, go	CARL SOLVE SEE THE THIS.			4b. City, Town, or L		4c. County		
			Fairland Nursing				Silver Sp	_	Montg		
	Funerai Director		111-1-111	Sex 7. Ag 1□M 2⊠ F	e (In yrs. last bi	rthday) If Under 1 Yeer Yrs. Months Deys		8. Date of Birth (Month, Day, Jan 08,	Year) 1912	9. Birtho Coun Virg	lece (Stete or Foreign try) inia
	anyland ahow dat		10a. State 10b. County		10c. City, Tow					1	0d. Inside City Limits
	Ne Me	Director	MD Prince	GEorge	Laure	1					1 X Yes 2 No
	vith th		10e. Street and Number			10f. Zip Code			0g. Citizen of V	Vhat Coun	try?
	a 23	era	200 Fort Meade F		Free In 11 C	20707	lia-ania Osiala (Os		USA	a Amada	an Indian
020	a within 72 hours effer death with the Meryland liene. I than "natural", or Itema 23a or 28a-f ahow The Modical Examiner must be notified at	by Funeral	11. Maritei Stetus 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 1 1 If Yes, Give Year or Dates:		13. Was Decedent of I if Yes, specify Cub	an, Mexicen, Puerto	Rican, etc.)	Biac	a - Americ k, White, White	atc.
Ö	2 hor		15. Decedent's E	ducation	16a	. Decedent's Usual Occu	pation		16b. Kind of Bu		
21215-0020	jene.	Completed	(Specify only highest given the secondary (0-12) Grade 12	College (1-4or 5		(Give kind of work done lifa. DO NOT usa retire upervisor	during most of work id)	ing	Teleph	one (Company
Pu	0 = 0 =	Bec	17. Father's Name (First, Middle, Las		, , , , , , , , , , , , , , , , , , , ,		18. Mother's Nem	e (First, Middle, A			
Maryland		To	Charles Robert F	ittman			Lillie 1	Elizabet	h Harri	s	
Jar	45 DE E		19a. informant's Name/Raiationship	(Type, Pnint)		o. Malling Address (Street					
	Health Health em 27 le		Carol Aleksei	ni		415 Virginia					
0	Peges hent of Hint: If He		20a. Method of Disposition 1 □ Buriai 2 ☑ Cremation 3	☐Removal from Stete		of Disposition (Name of ary, cremetory or other pla			20c. Location -		
Baltimore,	t. Perther tant:		4 ☐ Donation 5 ☐ Other (Spec	**	Metro	Crematory,				ille	, Maryland
Ва	permit. Peges 1 end Department of Health Important: If Item 27 any injury or other t 20cs.		21. Signature of Europea Service Line			22. Name and Addre Donaldson 313 Talbo				2070	07–4389
			23a. Part1. Enfor the discase, or cor shock, or heart tallure. List only	nplications that caused y one cause on each lin	the death. Do						Approximate Interval Between
ξħ	Physician /Medicai Examiner		immediate Cause (Final disease or condition	Pr	reur	nonia					Onset and Death Clay
	Lxammer	_	resulting in death)	a.	Due to (or as a	consequance of):				+	
	ped is	nine		b. —							
-6	icate be executed physician and s the buriel-transit	Examine	Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying		Due to (or as a	consequence of):				į	
68760,	e be riclar	edical	that initiated events	C	Due to for es e	consequence of):					
			resulting in death) Last	d	500.00 (07.00 0	0011304001100 017.					
Box	death certifies attending	lan/M		0							
o.	the de	Physic	Pert il. Other significant conditione	contributing to death be	ut not resulting i	n tha underlying ceuse gi	ven in Part i.	23b. Did to	bacco uee co	ntribute to	the cause of death?
S, P.	thet dete	by Ph						1 🗆 Ye	2 □ No	3 Prot	bably 46 Unknown
Records,	aw requir	Completed						24a. Was a perform	n autopsy ned?	ave	ere autopsy findings ellable prior to mpletion of cause death?
	0 4 0	Son						1 □ Ya	s 2 No	1 [lYes 2□No
Vital	Physician: The this certificate ral director, pag	Be	25. Was case referred to medicei examinar?				26. Place of Deat	h (Check only on	θ)		
of	Physic this or ral dire	2	1 ☐ Yas 2ETNo	Hospital: 1 ☐ inpatie		Itpatient 3 DOA		ome 5 Reside			1)
	ding P. After t funer	inol i	27. Manner of Death 1 ☐ Matural 5 ☐ Pending	28a. Date of injui (Month, Day		Time of 28c. inju		28d. Describe ho	w injury occurr	red	
Division	Attending r death. sctor: After by the fune	Icat	2 Accident invastigation 3 Suicide 6 Could not	De Disea of lair	ini - At home fo	M 1 =]Yas 2□No	28f. Location (St.	reat and Numb	or or Pure	I Poute Number
Ω	if or Attendent after deat Director: d in by the	Certification:	4 ☐ Homicida datarmined	building, etc	. (Specify)	ann, street, ractory, onice		City or Town		0, 0, 110.0	711001011001,
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the fune.	edicai C	29a. Cartifier 1 ☐ Certifying P. (Check only one)	hysician: To the best of miner: On the basis of and mannar sta	examination an	e, death occurred at the ti	me, date and place, opinion, death occur	and due to the ca red at the time, da	ause(s) end ma ate and piace,	nner as st and due to	ated. tha cause(s)
	within 2 To the comple	X e	296, Signature and title of certifier	aN	1	29c, Licen		25	9d. Dete signed	d (Month,	Dey, Year)
			1 STEE	na Su	w	D2	4442		OFIC	- 23	3 1996
	6		30. Name and address of person who	pieted ceuse of de	eath (Item 23a)	(Type, Print)	4942 ery lan	o Lau	rel 1	MD	20777
	Sta Registr		31. Date filed (Month, Day, Year) DEC 2 4	32. Registre	ar's Signature	Randall	1				

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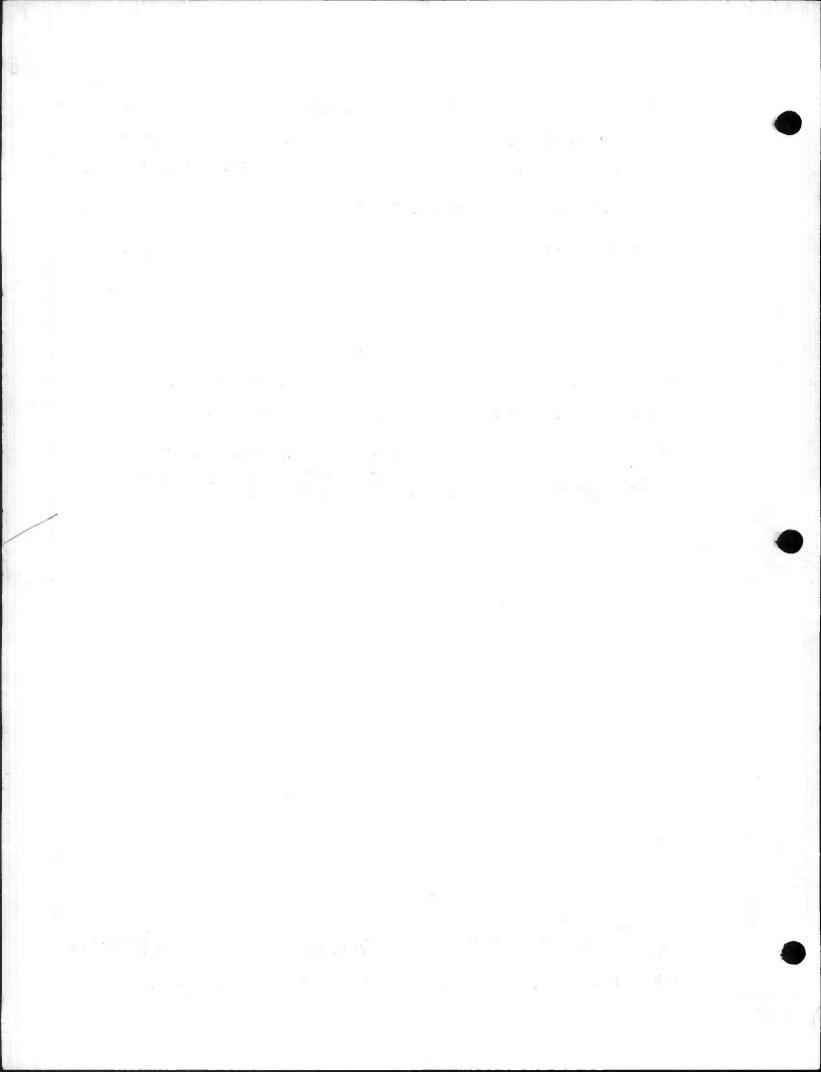
State of Maryland / Department of Health and Mental Hygiene

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	Physic	ian	Decedent's Name (First, Middle,									2. Data or Month	D	ay	Year	3. Tima of Death
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ч	Exami	ner	4a. Facility Name (If not Institution, g	giva street and n	umber)							ocation of D		c. County		
Н			9410 Joey Drive 5. Social Security Number 6	. Sex	7 400	'In yrs. last birt	th olo et	If Under	1 Year		LCOUT 24 Hrs.	t City			ard	
П	Funerai Director		051-01-3710	1 M 2 XF			Yrs.	Months	Days		Min.	(Month	Day, Yea	10	Cour	place (State or Foreign
			Usual Residence of Decedant			/ /						Aug 9	, 19:	19	New	York
	ylend		10a. Stata 10b. County		1	Oc. City, Town	or Loc	ation							1	Od. inside City Limits
	Man	ţ	Maryland Howar	rd		Elli	cot	t Cit	t-vz							1 ☐ Yes 200 No
	h the	Director	10e. Street and Number	W. E. D				10f. Zip	-				10g. C	itizan of \	What Cour	ntry?
	h wit		9410 Joey Drive					1	2104	42			J	Jnite	d Sta	ates
	n 72 hours efter death with the Marylend "natural", or Hems 23a or 28a-f show safeal Examiner must be norified at	Funeral	11. Marital Status	12. Was Da	cedent Ev	er in U,S.	13. W	as Deced	dent of	Hispanic O	rigin? (Sp	pecify Yas o Rican, etc.	No-			can Indian,
0	or ht		1 Never Married 2 Married		2 XNo					Specify		rican, etc.			ck, White,	etc.
21215-0020	ours	1 by	3 Widowed 4 Divorced	Yaar or				L 165 4	ZULINO	Specify	•			Specify	W	hite
5-		Completed	15. Decedent's (Specify only highast p	Education grada complated	0	16a.	(Give k	ent's Usua	rk done	durina mo	st of work	king	16b.	Kind of B	usinass/in	dustry
12	filed within I Hygiene. other than "ent, the Me	Id II	Elemantary/Secondary (0-12)	College	(1-4or 5+)			O NOT us				_				
7	73 75 75		12 17. Fathar's Name (First, Middle, La	-41			H	omema	акез		ania Mana	- /Fi Adi	delle AAs lete		m Hor	ne
and	o a b	Be	Nunzio Cusimano	51)								ette E			rres.)	
Z	should be and Mental marked of umatic eve	10		(Time Driet)		404	8.8 - 117	. A alal-s	/C+						01-1- 71-	0.71
Maryland	25 4 7 9		19a. Informant's Name/Relationship									rai Route No				
	s 1 and 2 of Heelth in them 27 is other tra		Carl J. Aragona/ 20a. Mathod of Disposition	nusbana							2TTTC	Date C			21042 City or To	
100			1X Burial 2 ☐ Cremation 3		Stata	20b. Place of cematar										
Baltimore,	artmen ortant: Injury		4 ☐ Donation 5 ☐ Other (Spe 21. Signature of Funarai Service Lic	**		St. Jo	-		the same of the same	ery ess of Facil		2-28-9	6 E.	llico	ott C:	ity, MD
Ba	permit. Pages Department of Important: If I any Injury or once.		21. Signature of Furnaral Service Lic	0 >	0+	-0	Ha	rry I	H. V	Vitzke	Fur	neral	Home,	, Inc		
			Then Ol	lus 1	NJ	yee	41	12 0	ld (Columb	oia I	Pike E	llico	ott C	ity,	MD 21043
		L,	23a. Part1. Enter the disaasa, or co shock, or heart failure. List on	mplications that ly one cause on	each line.	e comth. Dor	not anta	r the mod	e of dy	ing, such a	cardiac	or respirato	ry arrest,			Approximata Interval Between Onsat and Death
	Physician /Medical		Immediata Causa (Final		11	X.			1		-				1	Olisat allo Doali
1	Examiner		disaase or condition resulting In death)	a	rriera	5141	<u>_</u>		Lh	mg	(61) CP (1	
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>	5 00	ToE	examiner?	Hospital: 1	Inpatient	2 ER/Out	tpatient	3□ DO	Ot Ot	her: 4 N	ursing He	ome 5 MF	asidence	6 □Oth	er (Specif	(V
0	g Physical distribution		27. Manner of Death	28a. Date	of Injury	(ear) 28b. T	ime of	2	Bc. Inju	iry at		28d. Descr	ibe how in	jury occur	red	
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	rs after al Direction billed in billed	Ö														
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			31. Date filed (Month, Day, Year)				wZ	1000	-1u2	J [1	NI	7. 111.01		NI IV		2120
	Sta Registr		DEC 3 0 1996	Jahna	horely	Signature of the same of the s	N.									

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Marylai		Certificate of		, 0	erie g. No.	96	, 4	053
	Physic /Medi		Decedent's Neme (First, Middle, Les MARYA	MAGDELE	NE	ADA	MS	2. Dete of Deeth Month DECEMBER	Dey 22,19	Yeer 96	3. Time 2:30	e of Deeth
1	Exami	ner	4e. Fecility Name (If not institution, give PHYSICIANS MEMORIA 5. Sociel Security Number 10. 20. 20. 20. 1.1.1	AL HOSPITAL	. lest birthe	dey) If Under 1 Year	LA PLATA If Under 24 Hrs. Hours Min.		4c. County CHARI	LES	ece (Stai	te or Foreign
10)	Director		220-34-3411 Usuel Residence of Decedent 10e. Stete MD 10b. County Charle	10c. Ci	ity. Town	or Location Head		reb. 17	1919			City Limits
	with the Ma Sa or 28a-f	Funeral Director	10e. Street end Number 4725 Strauss A			10f. Zip Code	640	10	g. Citizen of W	Whet Count	- 41	'es 2□No
020	filed within 72 hours after death with the Maryland Hygiene. rither than "natural", or fams 23a or 28a-f show ent, the Mexical Examine must be notified at	by	11. Maritel Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Ever in U Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates:	J,S.	13. Wes Decedent of H if Yes, specify Cube 1 ☐ Yes 2 ੌ No	lispenic Origin? (Sen, Mexican, Puerto Specify:	pecify Yes or No- p Rican, etc.)		e - America k, White, e White	etc.	
21215-0020	d within 72 ho jiene. r than "natur r than "natur	Completed	15. Decedent's Edi (Specify only highest grad Elementary/Secondery (0-12)	ucation de completed) College (1-4or 5+)	(C	ecedent's Usuel Occup Give kind of work done fe. DO NOT use retired Iomemaker	etion during most of wor d)	king	Sb. Kind of Bu	ome	ustry	
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	1 and 2 sho Health and I em 27 is me other treums		19e. Informent's Neme/Reletionship (7) Michael D. Adam	ms, Sr.		Mailing Address (Street 60 Pine Co	end Number or Ru One Cir					
	Pa ant:		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify,	Removei from Stete St	Plece of D cemetery, J C	isposition (Name of cremetory or other place) Seph S Cl		em. 12/2		Pomi	fret	,MD
Ba	permit. Pa Departmen Important: any injury once.		21. Signeture of Funerel Service Licens	Eled MO		P.O. Box	x 567 L	aPlata,N	1D 206		J.	
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x 68760,	pertificate be executed ding physician and se as the bunal-transit	/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Lest	b. Дир 10 (с	or se a cou	nsequence of):	Ding.	who),	7	12	to.
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Records,	2 S	Completed						24e. Wes en performe	eutopsy od?	com	re autops ileble pric pletion o eeth?	
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<u> </u>	0 0 2	ToB	examiner?	Hospitel: 1 Inpatient 2	ER/Outpe	tient 3 DOA Othe	or:	ome 5 Residen	e 8 □Othe	r (Specify))	
	D 0 2		27. Menner of Deeth 1 Naturel 5 Pending Investigation	28a. Dete of Injury (Month, Dey Year)	28b. Tim Inju	ry Worl	yet ⟨? Yes 2 □ No	28d. Describe how	Injury occurre	ed		
DIVI	To the Hospital or Attendin within 24 hours after death. To the Funeral Director: Air completaly lilled in by the fur	Certification:	3 Suicide 4 Homicide 6 Could not be determined	28e. Piece of Injury - At h building, etc. (Specif	y)			28f. Location (Stre City or Town,	Stete)			um <i>ber</i> ,
	the Hosp nin 24 hou the Funer npletaly III	Medical	one) 2 Wedical Exami	alclan: To the best of my kno ner: On the basis of exemina end menner steted.	wledge, a tion end/o	r investigetion, in my of	olnion, deeth occur	end due to the ceu red at the time, dete	se(s) and mer and piece, a	nner as sta nd due to	ted. the cause	ə(s)
	o T × I	2	29b. Signeture and title of certifier	V		29c. License D=206		290	Dete signed	(Month, D	C(9,
			30. Neprie and address of person who co GEORGE WATHEN MD 31. Dete filed (Month, Day, Year)	. 11345 PEMB	ROOKI		SUITE 10	3 WALDO	RF MD.	-2060)3—	
	Sta	te .	DEC 9 7 10	32. Registrar's Signe	Linck	arleth						



				State o	of Marylar		artment of I rtificate of	Health and M Death		jiene	96	40539
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7	Examir		4e. Facility Nama (If not institute St. Mary's Nur			(1]	4b. City, Town, or L Leonardto		4c. County St. 1	y of Death Mary	S
	Funeral Director	П	5. Social Security Number 216-32-5417	6. Sax 12 M 2□ F	7. Age (In yrs.	last birthdey) 87 Yrs.	If Under 1 Yeer Months Days		8. Dete of Birth (Month, Day NOV 16,		9. Birthp Cour Mary	place (State or Foreign try) Land
	Maryland 4 ahow	ior	Usuel Rasidance of Decedent 10a. Stata 10b. Coun Maryland St. N	Mary's		ty, Town or Lo					1	0d. Inside City Limits 1 ☐ Yes 2 ☑ No
	with the sor 28s	Director	10e. Street and Number				10f. Zip Coda		1	0g. Citizen of		itry?
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Saltimore, A			Mary HelenBow 20a. Mathod of Disposition 1 Burial 2 Cramation 4 Donation 5 Other	3 □Ramoval from	Stete 20b. F	Place of Dispo cematary, cres	sition (Nama of natory or other pla s Cemete		Data	20c. Location	- City or To	0636 own, Stata Maryland
Baltir	permit. Page Department of Important: If any Injury or once.		21. Signature of Funeral Service	- 12	Pries	Ma Ma	Nama and Addr ittingley		Funera	L Home,	P.A.	-
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o	nding Physician: ath. :: After this certific a funaral director,	မ	1 Yas 2 No 27. Mannar of Death 1 ONatural 5 Pend	28a. Data		28b. Tima of Injury	28c. Inju		oma 5 Rasid 28d. Describe h			(v
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	the Hosp hin 24 hou the Funer npletaly lis	Medical	one)	-	best of my kno asis of axamina nar stated.	wledge, daath ition end/or in	astigation, in my	opinion, death occur	red at the time, o	ate and place,	and dua to	o tha causa(s)
	or ¥ or ∞		29b. Signeture end title of certif	H. J	Mr	EA.	DD	D6419)	9d. Dete signe	3/9	Z Z
			30. Nama and address of perso							,		
	Sta Registr		31. Data filed (Months Pay, Mag	3 1996/ 33/	egistrans Sighe	un Rando	Il,					

State of Maryland / Department of Health and Mental Hygiene 40540 Certificate of Death 1. Decedent's Nama (First, Middle, Lest) 2. Date of Death 3. Time f th **Physician** Month CHARLES FRANKLIN ARMACOST 0715 96 12 20 /Medical 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death Examiner CARROLL COUNTY GENERAL HOSPITAL WESTMINSTER CARROLL 5. Social Security Number If Undar 1 Yaar If Undar 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Birthplace (State or Foreign Country) 1√2 M 2□ F Days Hours Yrs. Director 85 216-10-6533 May 13,1911 MARYLAND Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location "natural", or items 23a or 28a-f show 10d. Inside City Limits Director 1 Yes 2 No MARYT AND CARROLL WESTMINSTER 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 21157 USA 2568 COON CLUB RD Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 13. Was Decadent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status Raca - American Indian, Black, White, etc. filed within 72 hours efter 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 No Specify: Completed by Specify: 3X Widowed 4 □ Divorced WHITE 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) The Medical 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry th and Mental Hygiene.
7 Is marked other than traumatic event, the Me Elementary/Secondary (0-12) FARM EQUIPMENT College (1-4or 5+) OWNER 12 SALES & SERVICE nent of Heelth and Mental Hy rtt: If Item 27 Is marked other y or other traument Baltimore, Maryland 17. Father's Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Meiden Sumeme) W. WALTER ARMACOST MIRA SPRINKLE Pages 1 end 2 should 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) RONALD W. ARMACOST 2568 COON CLUB RD, WESTMINSTER, MD 21157 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, cremetory or other pleca) 20c. Location - City or Town, State 1 Durial 2 Cremation 3 Removal from State Depertment of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) EVERGREEN MEM GARDENS 12/23 FINKSBURG, MD 21. Signature of Funerel Service Licansee 22. Name and Addrass of Facility ELINE FUNERAL HOME 934 S MAIN ST, HAMPSTEAD, MD 21074 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onsat and Death **Physician** Biventricular HEART TAILURE /Medical Immediate Cause (Final 3 YRS disease or condition resulting in death) Examiner 2 HROWIC OB STRUCTIVE Polmonary Disease Physician/Medical Examiner IBYRS The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to Immadiate cause. Enter Underlying Causa (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): the buriel-tran DRONARY Disease 2 YN P.O. Box 68760, ARPERTY Due to (or as a consaquanca of) for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HYPERPARA DIYROLOISM Division of Vital Records, þ 24b. Were autopsy findings available prior to Completed 24a. Was an eutopsy performad? completion of cause of deeth? certificate hes 2 NO 1 Yes 25 No 1 Yas or Attending Physician: Be 25. Was case referred to medical axaminer? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 □ ER/Outpatlent 3 □ DOA After this funeral 27. Manner of Death 28a. Date of Injury (Month, Dev Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigation 1 Natural death. To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fi 1 ☐ Yes 2 ☐ No by the f 2 Accident 6 Could not be determined 3 Suicida 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Streef end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only onel

State Registrar 31. Dete filed (Month, Dey, Year) DEC 26 1996

29b. Signature and title of cartifier



Tromas K. Calvin IT. 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

29c. License number

031660

AVE

29d. Date signed (Month, Day, Year)

12/20/96

WESTMINSTER MO 2(15)

About the same and
State of Maryland / Department of Health and Mental Hygiene 96 40541 Certificate of Death 2. Data of Death Month 3. Tima of Death Dey 14 Year 1996 1100

Dec

•	Physici /Medic Examir	an cal ner
	Funeral Director	
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exacinet must be notified at once.	To Be Completed by Funeral Director
	Physician /Medical Examiner	-

1. Decedent'a Nama (First, Middle, Last)

Louis Edward Armstrong, Sr.

		4a. Facility Nama (if not institutio	n, give st	treet and nu	m <i>ber</i>)						4b. City	, Town, or i	Location of E	Death	4c. County	of Death		
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To the Hospital within 24 hours To the Funeral completely filled	Med	ONE)	16		and man	ner stat	led	100											
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5		Dr. Edw	in Cas	taneo	da, 31	14 F	'rank	lin	Ave	., E	er]	lin,	MD 2	1811					

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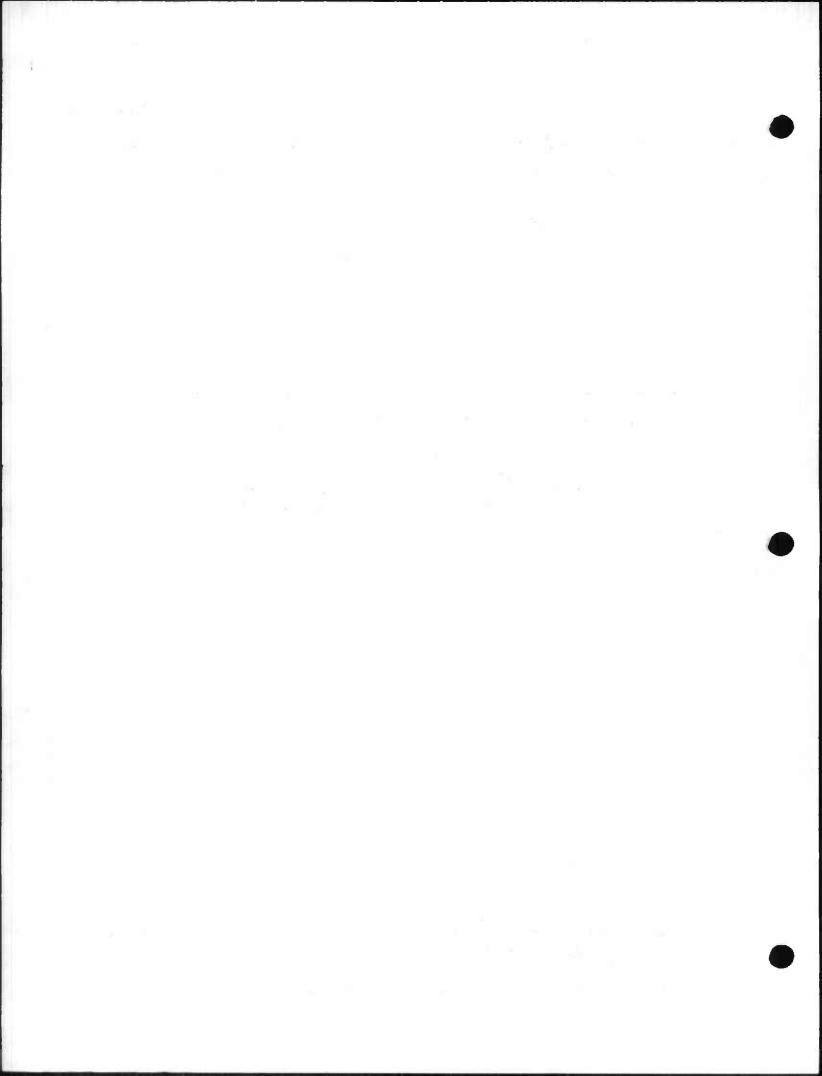
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Registrar

31. Date filed (Month, Day, Year)

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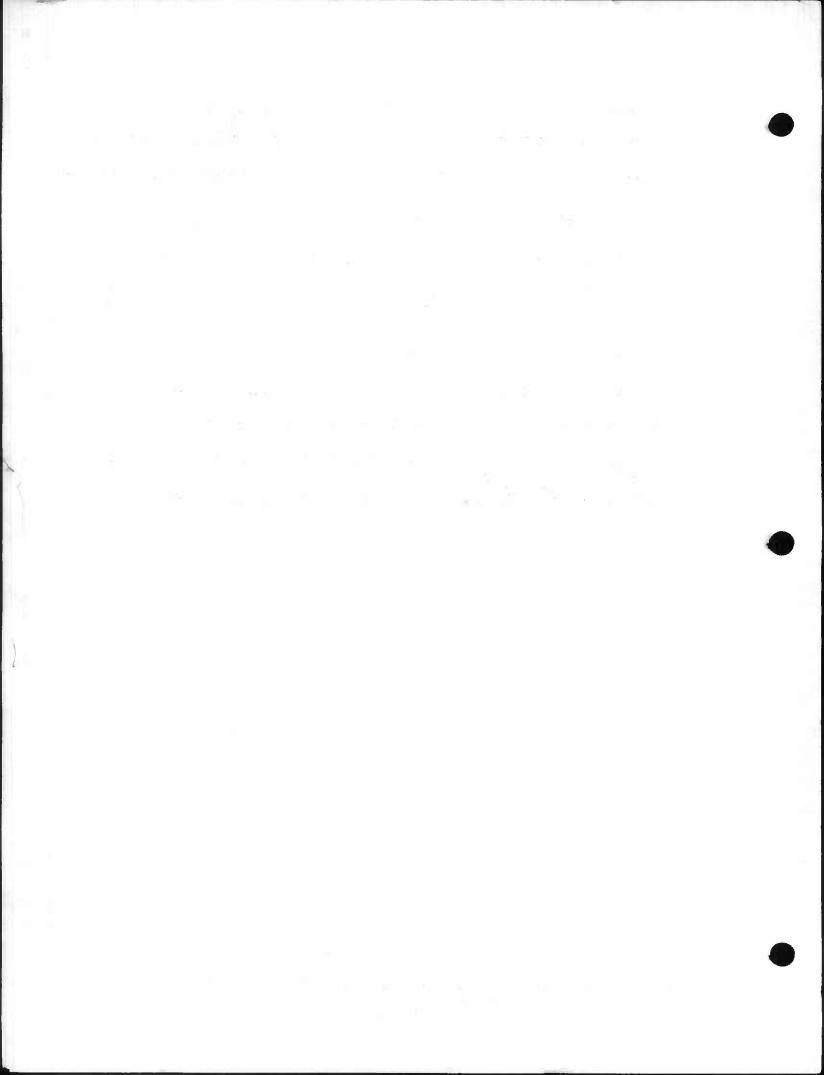
Division of Vital Records, P.O. Box 68760,



State of Maryland / Department of Health and Mental Hygiene Q 5

				State of M	laryland	d / Departm <i>Certific</i>			Mental Hy	giene Reg. No.	96	40542
	Physic	ian	1. Decedent's Name (First, Middle, La	st)		0.1	1		2. Dete of Do Month	eeth Day	Year	3. Time of Death
\	/Medi	cal	HENRY 4a. Facility Name (If not institution, given	J.	-1	H1-		4b. City, Town, or			1996	1715
7	Exami	ner	PENINSULA REGIONA			ER		SALISB			ty of Death	CO
-	Funeral		5. Social Security Number 6. S		ige (In yrs. la	ast birthdey) If Ur	der 1 Yeer	if Under 24 Hrs				lace (State or Foreig
	Director		083-20-0222	[M 2 F	71	Yrs. Mont	hs Days	Hours Min	8. Date of Bi (Month, Di NOV • 20	3y, Year) 0,1925		YORK
	D .		Usual Residence of Decedent		100 07	, Town or Location						
	aho	5	27.537	(T.CO		The state of the state of					,	0d. inside City Limits 1 ☐ Yes 2√☐ No
	n the Marylan r 28a-f ahow notefied at	Director	MD . WICON	1100	5	ALISBURY	Zip Code			10g. Citizen of	Mines Cours	
3	ter oeath with thems 23a or	ă		7.50		101.						шуг
	7 2 2 m	Funeral	8415 HILDA DRIV	12. Wes Deceden	t Ever in U.S	S. 13. Wes De	2180 ecedent of F		Specify Yes or N	U . S	· A ·	an indian.
5	72 hours after death with the Maryland natural, or frams 23a or 28a-f ahow deal Examiner must be notified at		1 ☐ Never Merried 21 Married	Armed Forces	7	v		lispanic Origin? (an, Mexicen, Pue	rto Rican, etc.)		eck, White,	etc.
2	Pal', o	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates		ILITE	s 2∭ No	Specify:		Speci	か: WHIT	E
200-61213	n /2 nours "natural", edical Ex	Completed	15. Decedent's E	ducetion ade completed)		16a. Decedent's U	Jsuei Occup	pation during most of we	orkina	16b. Kind of I	Business/Inc	dustry
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4 ·	D D Y		1.2 17. Father's Neme (First, Middle, Last,)		SUPERVI	SUK	18 Mother's Na	me (First, Middle		RANCE	
	2 a b 2	o Be	HENRY J. AI					MAR		MOELTEI	75.	
mai yiaiin	PEE	To	19e. Informent's Neme/Relationship (19b. Meiling Add	ress (Street	and Number or R				Code)
	27 le		MARIE C. ALTHEN	IN				SALISE				
-	m 40 U		20e. Method of Disposition		0.0	aca of Disposition (Neme of		Date	20c. Location	- City or To	wn, State
	rages nent of I unt: If its ury or o		1 ☐ Burlal 2 🎇 Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	JRemovel from Stete y)	A .	BRIDGE CF			12/20/9	6 CAMBR	IDGE,M	D.
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	20 = 20		Desald (Bree	ne)	BOUND	S FUN	ERAL HOM	E,SALISI	BURY, MD	. 2180	14
٠.	hysician /Medicai Examiner	Jer.	shock, or heer the disease, or com shock, or heer failure. List only Immediate Cause (Final disease or condition resulting in death)	a. Pres	Due to (or	as a consequence	of):	nece				interval Between Onset and Deeth
1	sician and burial-transit	Examiner	Sequentially list conditions	b Clege		as a consequence		nue	elen			Mr.
5	ian ar urial-t		Sequentially list conditions, it any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	11		10						
,	hysician and the burial-transit	dical	that initiated events resulting in deeth) Last	C	Due to (or	es e consequence	of):				7	,
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	ed by the a	Physician/Me	Pert ii. Other significant conditions of	ontributing to death	but not resul	Iting in the underlying	ng cause gh	ven in Part i.	1			the cause of death
- 3		by Pi							10	Yee 2□ No	3 Prot	bably 4 Unknow
, , , , , , ,	is been 2 shoul	Completed b								an autopsy ormed?	COI	ere autopsy findings eliable prior to mpletion of cause death?
. F	page page	Con							10	Yes 2□No	10	Yes 2 No
	s certificate director, pag	Be	25. Was cese referred to medical examiner?	11			12		eth (Check only	one)		
5	this	tion: To	1 Yes 2 No 27. Menner of Death 1 Natural 5 Pending 2 Accident investigation	Hospital: 1 Inpat		ER/Outpatient 3 28b. Time of Injury M	28c. Inju Wo		Home 5 Res 28d. Describe	idence 6 🗆 Ot how injury occu		1)
	크를	Certification:	3 Suicide 6 Could not be determined	28e. Place of Ir building, e	njury - At hor atc. (Specify)	me, farm, street, fac	tory, office		28f. Location (City or To	Street end Num wn, State)	ber or Rura	l Route Number,
To the Hospital	n 24 hour e Funera sletaty fills	edicai (29a. Certifier (Check only one)	ysician: To the best niner: On the basis and manners	of examineti	rledge, deeth occur on end/or investigat	red et the ti	me, date and piac opinion, deeth occ	e, and due to the urred at the time,	cause(s) and m dete and place	nanner as st	ated. the cause(s)
4	withi To th	M	29b. Signature and title of certifier	11			29c. Licens	se number		29d. Date sign	ed (Month,	Day, Year)
1	0.		12 X 4	Lus			089	349		12/51	191	
١	VR		30. Name and address of person who	completed cause of	death (Item	23a) (Type, Print)				11	10	
K	1		HILLIAM ROBINS, 1	n.s. 110	HEALT.	HARY Dr.	SALKB	ug, mo	21801			
	Sta Registr		DEC 2 0 19	96 July	trar's Signeti	or Randall		0				

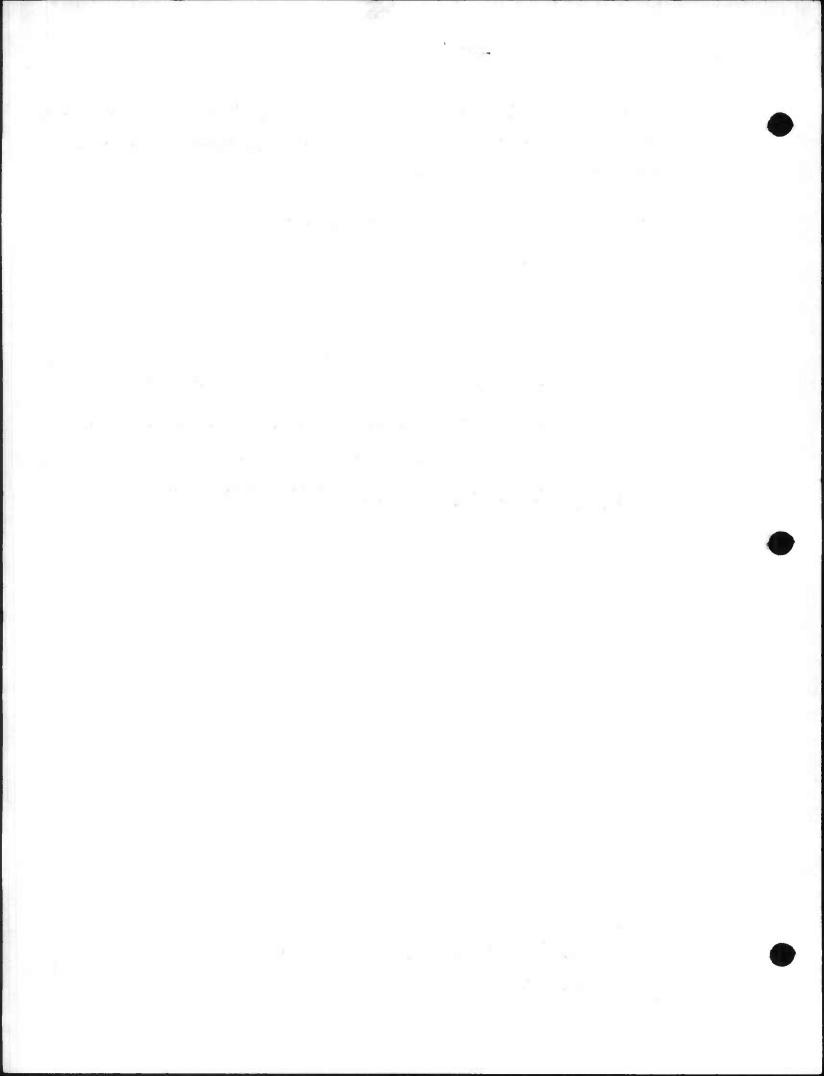
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2				State of Maryland	-	rtment of I			iene 9	6 40543
	Physici /Medi		1. Decedent's Name (First, Middle, Last) ANNA D. AN	2 HSTRONG				2. Date of Dea Month DECFHBE	th Day	Year 9 36 9 pm
	Examir Funeral Director		5. Social Security Number 6. Sex 215-09-5153 1□	25/NG HOM 7. Age (In yrs. ia		If Under 1 Year Months Days	HAVRE U	Location of Death DE GRACE 6. Date of Birth	4c. County o	
	e Maryland la-f show	ctor	Usual Residence of Decedent		Town or Loc	davre de	Grace			10d. Inside City Limits 1 2 Yes 2 □ No
	ath with the 23 or 23 or 23 or 23	ral Director	1030 Chesapeak			10f. Zip Code	21078	1	0g. Citizen of Wi	nat Country? SA
020	72 hours after death with the Maryland netural; or items 23a or 28a-f show often Exercises must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Ever in U,S Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	if	Vas Decedent of i Yes, specify Cub ☐ Yes 2 12 No	Hispanic Origin? (Seen, Mexican, Puer Specify:	Specify Yes or No- to Ricen, etc.)		- American indian, , White, etc. White
21215-0020	C 1 (6)	Completed	15. Decedent's Educ (Specify only highest grade Elementary/Secondary (0-12)	cetion completed) College (1-4or 5+)	(Give I	ent's Usual Occup kind of work done OO NOT use retire	during most of wo	rking	16b. Kind of Bus	iness/Industry
Maryland	should be filed within nd Mental Hygiene marked other than urnatic event, one Mental than the Mental than t	To Be C	17. Father's Name (First, Middle, Last) Carro	oll Dennis				me (First, Middle, I Laura Ec)
lan	2 sho and I is me		19a. informant's Name/Relationship (Typ				and Number or R			itate, Zip Code)
	and ealth n 27		Mr. Michael D. Ar				Court, J	oppatowr	, MD	21085
Baltimore,	permit. Pages 1 and 2 should Department of Health and Men Important: If Item 27 is marks any injury or other traumatic. 20,56.		20a. Method of Disposition 1 ⊠ Buriai 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)	emovai from State	metery, crem	sition (Name of patory or other pla n Cemete	ory	12/28/96	Havre	e de Grace, MD
Balti	Departri Departri Importa any Inju		21. Signature of Funeral Service License		22.	Name and Addre Mitchell- Havre d	ess of Fecility Smith Fu e Grace,	uneral Ho MD 2	ome, P., 1078-319	A .
8760,	Physician // Medical Examiner per pentage with physician and physician a	dical Examiner	23a. Part1. Enter the disease, or complic shock, or heert failure. List only on immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events	HASCV. Tharace Ove 10 (or of other of the other of the other of the other of the other oth	es a ponseques as a consequence	cence of): O	gette.	,	eangs	Approximate interval Between Onset and Death
P.O. Box 687	death certific e attending p od for use as	Physician/Medic	Part ii. Other significant conditions cont		is a consequ		ven in Part I.	23b. Dld to	- \	ribute to the cause of death? 3 Probably 4 Unknown
Records,	s been signs s should be	Completed by						24e. Was a perfor		24b. Were autopsy findings available prior to completion of cause of death?
								1□ Y	s 2 No	1 Yes 2 No
of Vital	Physician: The ratio of the properties of the properties of the properties of the properties of the physician of the physicia	n: To Be	25. Was case referred to medical examiner? 1 Yes	28a. Date of injury 2	R/Outpatient	3□ DOA Oth	her: 4 Nursing I	ath (Check only or dome 5 Residence 126d. Describe ho		1-1-1/
Division of	To the Hospital or Attending I within 24 hours after death. To the Funeral Director; After completely filled in by the funeral properties.	Certification:	1 Naturai 5 Pending investigation 3 Suicide 4 Homicide 6 Could not be determined	(Month, Day Year) 28e. Place of Injury - At hom building, etc. (Specify)	injury ne, farm, stre	M 1 🗆	Yes 2 No	28f. Location (S City or Town	reet and Number n, State)	r or Rural Route Number,
_	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical Ce	29a. Certifier (Check only one) Certifying Phyai 2 Medical Examina	clan: To the best of my knowler: On the basis of examination and menner stated.	edge, death on end/or inv	occurred at the the estigation, in my c	me, dete and piace opinion, deeth occu	e, and due to the coursed at the time, d	euse(s) and mane ete and piace, an	ner as stated. Indidue to the ceuse(s)
	To the within 2 To the comple	ž	29b. Signature and title of certifier	Yun !	40	29c, Licens	2/90	2	9d. Date signed	(Month, Day, Year)
			30. Name and address of person who cdr	ngleted cause of death (item 2	23e) (Type, F		- 1			

State Registrar

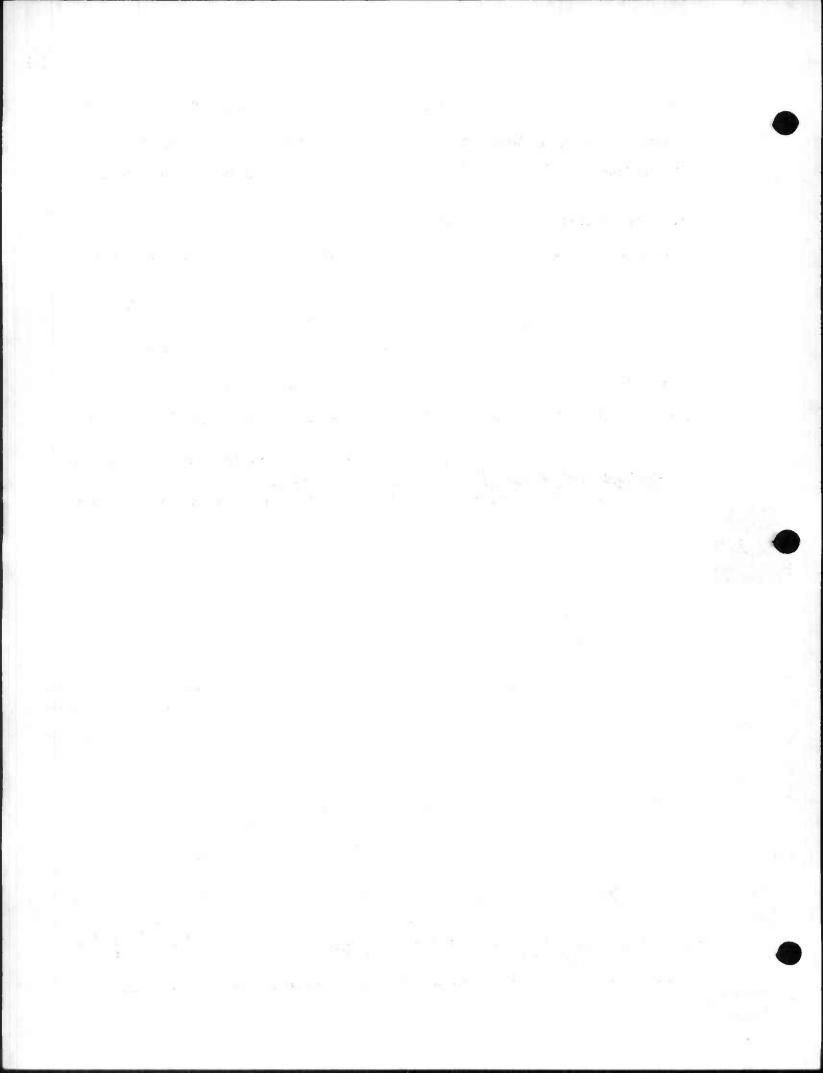


State of Maryland / Department of Health and Mental Hygiene

40544 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Dey Year Ronald. W. Bakewell Dec. 07 1996 7:50pm /Medical 4e. Facility Nema (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** La Plata

If Undar 1 Year | If Undar 24 Hrs. | 8. Date of Birth (Month, Dey, Year) Physicians Memorial Hospital Charles 5. Sociel Security Number 6. Sex **Funeral** 7. Aga (In yrs. lest birthday) Birthpleca (State or Foreign Country) 1₩ M 2□ F Months 213-88-0365 Yrs. 35 Director July 23, 1961 Florida Usuel Residence of Decedent the Meryland 10a. State 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Example; must be notified at 10d. Inside City Limits 1 Yes 2 N No Directo Maryland Charles LaPlata 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? filed within 72 hours efter death with One Magnolia Drive 20646 Funeral United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yas, Give Yeer or Detes: Was Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Marital Status Rece - American Indian, Bleck, White, etc. 1 X Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 Specify: White 1 Yes 2 No Specify: ρ 3 Widowed 4 Divorcad Completed 15. Decedent's Education (Specify only highast grade completed) 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) N/A Pages 1 and 2 should be filed w tment of Health end Mental Hygier fant: If item 27 is marked other it jury or other treumatic event, in N/A 17. Fether's Neme (First Middle Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Thomas A. Bakewell Nancy J. Wright 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Nancy J. Bakewell Mother 6063A Thoroughbred Court, Waldorf, MD 20603 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 XBurial 2 Cramation 3 Removel from State permit. Page Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Immaculate Heart of Mary 12/10/96 Lexington Park, MD 22. Name end Address of Fecility
Brinsfield Funeral Home, P.A. Edward N. Bransfield, P.O. Box 279, Leonardtown, Maryland 20650 M00052 Jr. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) Lifetime **Examiner** Physician/Medical Examiner Week Attending Physician: The law requires thet the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events pue use es the burial-trer Division of Vital Records, P.O. Box 68760, ettending physician for use es the buria Year that initiated events resulting in death) Last Due to (or as a conse the t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? detach signed by I 3 Probably 4 Unknown t Yes þ cate has been significant page 2 should b Completed 24b. Were autopey findings available prior to 24a. Was an autopsy n of cause After this certificate 1 Yes 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Pesidence 6 Other (Specify) Certification: To 1 ☐ Yes 1 Impatient 2 ☐ ER/Outpetient 3 ☐ DOA To the Hospital or Attending Phy within 24 hours efter death.

To the Funeral Director: After this completely filled in by the funeral of 28a. Date of Injury (Month, Day Year) 27. Mary er of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Natural Addident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medical 29a, Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date of 20629 he and address of person who completed cause of death (Item 23a) (Type, Print) 30. Naz 5 George Wathen, MD 11345 Pembrooke Square, Suite 103, Waldorf, MD. 20603 31. Dete filed (Month, Dey, Year) 32 Registrace Signature Rardall State DEU 1 0 1996 Registrar



				State of M	arylan		rtment of I tificate of		nd Me		iene og. No.	96	40545
	Physic /Medi Exami	cal	1. Decedant's Nama (First, Middla, Last MARY ELIZABE'T 4a. Facility Nama (If not institution, giva	BERRY)			4b. City, Tow	I	2. Data of Deat Month Decembe atlon of Death	Day r 09 1	Yaar 996 y of Death	3. Tima of Death 11:03a.m.
	Funeral Director	ner	St. Mary's Hosp 5. Social Security Number 6. Se 245-26-7047 10	ital 7. Ag		last birthday) Yrs.	If Undar 1 Yaar Months Days	eonai	rdto 4 Hrs. 8		S t	Mary 9. Birthp	'S placa (State or Foreign phy) h Carolina
	Maryland -f show	tor	Usual Rasidance of Dacedant 10a. Stata 10b. County MD St. Mary	7		y, Town or Loc						1	0d. Inside City Limits
	h with the 3a or 28a at be not	al Director	10e. Street and Numbar 24730 Marve Point				10f. Zlp Code 20 6	36		1	0g. Citizan of USA	What Cour	
020	2 should be filed within 72 hours after death with the Maryland end Mental Hyglene. Is marked other than "natural", or items 23a or 28a-f show aumatic event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Navar Marriad 2 Married 3 Vidowed 4 Divorced	12. Was Decedant Armed Forcas? 1 Yas 2 I if Yas, Giva Yaar or Datas:)	if	as Decedant of I Yas, specify Cub		in? (Speci Puarto Ri	ify Yas or No- can, atc.)	Bla	ce - Amaric lok, Whita, fy: Whi	atc.
21215-0020	permit. Pages 1 and 2 should be filled within 72 hours Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", any injury or other traumatic event, tra Medical Examples.	Completed	15. Decedant's Edu (Specify only highast grad Elamantary/Secondary (0-12)	ucation la complated) College (1-4or (5+)		int's Usual Occup ind of work dona ONOT usa retire Iner/Ope		of working	7	16b. Kind of E	Businass/ind	
Maryland 2	ouid be filed Mental Hygi arked other atic event, t	To Be Co	17. Fathar's Nama (First, Middle, Last) Clyde Goldston Ki			00-				First, Middla, A		ma) ighton	
2	Health end She Health end Hem 27 Is mu		19a. Informant's Name/Ralationship (T) Eleanor K. Robbins 20a. Mathod of Disposition		20b. P	4411 I	Addrass (Street) rummond ition (Nama of	Rd.,		nsboro,		406	
Baltimore,	permit. Pages 1 and: Department of Health Important: If item 27 i any Injury or other tr. 2009.		1 Sunal 2 Cramation 3 F 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licens			rgreen	Memorial Nama and Addra ttingley	Gardens		11/96	Lexingto	on Park	, MD
8	895.8		23a. Part Enter tha disaasa, or compl shock, or haart failura. List only or	Pardiner ications that ceuses	d tha daath	Р.	O. Box 2	70, Le	onar	dtown,	Maryla		
	Physician /Medical Examiner			Metastis		lmone	my an	rest		0			Onset and Death
	secuted and al-transit	Examiner	Saquantially list conditions, if any, leading to immediate cause. Enter Undarlying Causa (Disease or Injury	. Metastis		COMO!	1	of	peck	2			
κ 68760,	artificete be axecuted ing physician and s es the burial-transit	edical	cause. Enter Underlying Causa (Disease or Injury that initiated events rasulting In death) Last	». ————	Dua to (or	as a consequ	ance of):					i	
O. Box	it the death certifica by the attending pl teched for use es t	Physician/M	Part II. Other significant conditions cor	ntributing to death b	ut not rasu	ulting In the und	darfying ceusa gi	van in Part i.		23b. Did to	bacco use co	ontributs to	the cause of death?
ds, P.O	ires that the signed by	þ										T	pably 45 Unknown
Records,	The law requires thet the ate has been signed by the pege 2 should be deteched.	Completed								24a. Was ar perform	ned?	ave cor of c	are autopsy findings ailable prior to apletion of causa death?
Vital		Be	25. Was casa rafarred to medical axaminer?	11-1			Ta.		of Death (1 ☐ Ya		11	Yas 2 No
of	0 0	ation: To	27. Manner of Death 1 Matural 5 Panding 2 Accident Investigation	1 ☐ inpatla 28a. Data of Inju (Month, Day	ry	ER/Outpatient 28b. Tima of injury	3 DOA Oth 28c. inju Wo M 1	4 LI Nurs	28	d. Dascribe ho			/)
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	or with		29b. Signature and title of conflier Walter	Palente	enl	mo	29c. Licans	5016			12/9	196	
	Sta		30. Name and address of parson who co					4 4	eon	ardt	own,	Ma	l, 20650
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State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtifica	ate of	Death		1	Reg. No.			
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	Maryland of show	tor	Usuel Residence of Decedent 10a. Stete 10b. County MD St. Mary¹	s		ty, Town or Lo							10		le City Limits Yas 20 No
	With the	ai Director	10e. Street and Number 2970 Morganza Turner R	ld.			1	Zip Code 0659				10g. Citizan of USA	What Count	try?	
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Nems 23a or 28a-f show say Injury or other traumatic event, the Medical Exercises must be notified at once.	by Funerai	11. Merital Status 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Was Decede Armed Force 1 Tyes 2 If Yes, Give Yeer or Dete	as? ⊠ No			cedant of h pecify Cub 28 No		in? (Spec Puarto Ri	ify Yas or No- can, etc.)		ce - Amarica ock, White, e	etc.	n,
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Baltimore,	tr. Pages rtment of h rtant: if its njury or of		20a. Method of Disposition 1 ☑ Burial 2 ☐ Crametion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif.	y)	eta	Joseph	Ceme	rotherple tery			/12/96	20c. Location Morganza			0
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	o Physician		23a. Pert1. Enter the disease, or com shock or heart feilure. List only	ona ceusa on eac	h line.	in. Do not eni	er the m	ode or dyn	ng, such es c	ardiec or	respiretory er	Test,		Interval Onset	lmate Between and Deeth
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x 68760,	redificete be executed inding physician and usa as the burial-transit	/Medical	Cause (Disease or injury that initiated events resulting in death) Lest	c1	10.7127.14	ENTIA or as a conseq	<u> </u>	f):							years
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) (Qui			Rahmou,		D	5004	+4		Dec	0,96)	
			30. Nama and address of person who	completed cause	of death (Iter	n 23a) (Type,	Print)		Loone	~~+5~	m BAT	20650			
	Sta	te	DR. M. A. Rahman, MD 31. Dete filed (Month, Dey, Year)	32. Reg	istrar's Sign	etura /) .	,	Leonar	LUCOV	VII, MD	20650			
	olc Italinas		nec 1 1	32. Reg	Inlin a	Ruchen-A	Malal	ľ							

State of Maryland / Department of Health and Mental Hygiene 40547 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Dey Year December 14, 1996 Roland Timothy Barnes 7:03 PM /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** St. Mary's St. Mary's Hospital Leonardtown If Under 1 Year if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys Hours 1XIM 2□ F Yrs Director 217-46-6300 48 July 28, 1948 Maryland Usuei Residence of Decedent with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Itam 27 is marked other than "natural", or items 23s or 28s-f show other traumstic avent, the Medical Experient must be notified as 1 Tyes 2X No Director Maryland St. Mary's Ridge 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? permit. Peges 1 and 2 should be filed within 72 hours after deeth v
Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or frems 23a
any Injury or other traumatic avent, the Medical Examine sections. 48588 Wynne Road 20680 United States Funeral Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Bieck, White, etc. 11 Meritai Status 1 Yes 2 No
If Yes, Give
Year or Dates: 1 Never Merried 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No þ Specify: 3 ☐ Widowed 4 ☐ Divorced Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) Truck Driver Moving Company 12 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Agnes Price James Barnes 0 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Grace E. Bush Sister 21931 Rosewood Terrace, Lexington Park, Maryland 20653 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ⊠ Burial 2 □ Cremetion 3 □ Removei from Stete 5 Other (Specify) 4 Donation Immaculate Heart of Mary 12/17/96 Lexington Park, Maryland 22. Neme and Address of Facility regr. Brinsfield Funeral Home, P.A. Edward N. Brinsfield, M00052 P.O. Box 279, Leonardtown, Maryland 20650 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner physician and the buriel-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest responden Division of Vital Records, P.O. Box 68760 Physician/Medical 88 980 ঠ Part ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? deteched signed by t 1 Yea 2 No 3 Probably 4 Unknown ģ 24e. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed has 2 NO certificate funeral director, Be 25. Was case referred to medical examiner? 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 0 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Death 26a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred Certification: 28b. Time of After 1 Meturel 5 Pending investigation or Attendine efter death. Director: Aft 1 Yes 2 No 2 Accident 6 Could not be 3 ☐ Suicide 28e. Pieca of injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) completely filled in by 4 Homicide Hospital (24 hours e Funeral C 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and piece, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end menner stated. Medical within 2 29b. Signetale end title of certifie 29c. License number 29d. Dete signed (Month, Day, Year) ed cause of death [Item 23e] (Type, Print) echard town, tas Registrar's Signature

DHMH 16 Rev 6/95

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

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imo	Pegenent o		MXBuriai 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Special				-		12/30/96	Lexing	gton Pa	ark, MD
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			30. Nama and address of parson who					14	20650	11	P	
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State of Maryland / Department of Health and Mental Hygiene 96

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	or 28	Director	10e. Street and Number			10f. Zip Coo	le		10g. Citizen of	Whet Cou	intry?
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Maryland 21215-0020	within 72 hours after death with the Maryland iene. Then "natural", or fterna 23a or 28a-f show the Medical Examinet must be notified at	by Funeral	11. Merital Stetus 1 ☑ Nevar Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent E Armed Forcas? 1 ☐ Yas 2 ☒ N If Yes, Give Yeer or Detes:		13. Was Decedant If Yas, specify 0 1 □ Yes 2 ☒	of Hispanic Origin? (S Cuban, Maxican, Puer No Specify:	Specify Yas or No to Rican, etc.)	- 14. Re Bis	ick, Whita,	ican Indian, , atc. ite
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			1 mys	m ton	m	/)	14285		12.	-30	-96.
			30. Neme end eddress of person who co	empleted cause of de	eth (Item 23a)	(Type, Print)					
			William D. Boyd,	II, M.D.	Le	eonardtown,	Maryland	20650			

DHMH 16 Rev 6/95

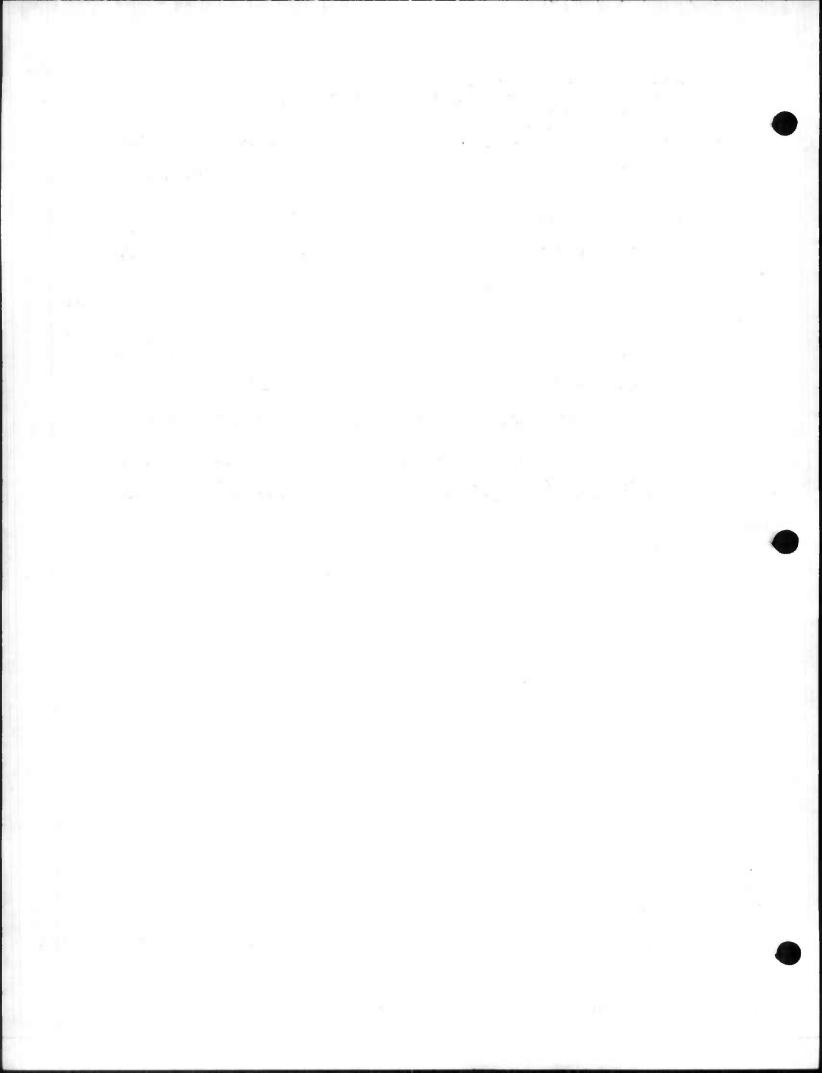
State Registrar

State of Maryland / Department of Health and Mental Hygiene

40550 Certificate of Death 1. Decedent's Name (First, Middle, Last) BOLLINGEBR 2. Date of Death CHARLES Month Day DECEMBER 25 **Physician** KENNETH 6-07 PM 1996 /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** CARROLL COUNTY GENERAL HOSPITAL WESTMINSTER CARROLL If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Yeer) Birthplace (State or Foreign Country) **Funeral** 1 M 2 □ F Deys Yrs. 189-07-2034 Director Jul 20, 1913 Pennsylvania Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location Items 23a or 28a-f show iner must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 No MARYLAND CARROLL HAMPSTEAD 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? death with 4005 MEADOW LANE 21074 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ⇒ ⇒ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 11. Maritai Status the Medical Examiner Pages 1 and 2 should be filed within 72 hours after 1 Never Merried 2 Married 21215-0020 6 Completed by 1 Yes 2 No Specify: 3 Widowed 4 □ Divorced Specify. 'natural', WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) I Hygiena. HEREFORD ESSO & Elementery/Secondary (0-12) College (1-4or 5+) 8 OWNER RESTAURANT traumatic event, Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) of Health end Mental OLIVER BOLLINGER IDA SHEARER 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) WILLIAM E BOLLINGER, SON 4820 WESTFIELD DR, HAMPSTEAD, MD 21074 other 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Department of Important: If it any Injury or conce. ty Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) MT. OLIVET CEMETERY 12/28 HANOVER, PA 21. Signature of Funeral Service Livense 22. Name and Address of Fecility ELINE FUNERAL HOME 934 S MAIN ST, HAMPSTEAD, MD 21074 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiretory arrest, shock, or heart tailure. List only one cause on each line. Approximate Interval Betw CHRONIC OBSTRUCTIVE PULMONARY DISEASE **Physician** Immediete Cause (Finai YEARS disease or condition resulting in deeth) Examiner Due to (or es e consequenca of): CONGESTIVE HEART FAILURE Examiner The law requires that the death certificate be executed the burial-transit Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest and Division of Vital Records, P.O. Box 68760. ettanding physiclan Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 Tee 2 No 3 Probably 4 Unknown Completed by 24b. Were autopsy findings available prior to completion of ceuse of deeth? 24a. Wes an autopsy performed? 1 Yes 2 12No 1 Yes 2 No or Attending Physician: Be 25. Wes case referred to medicel examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 Yes 2 No this 28e. Date of Injury (Month, Dey Year) 27. Menner of Death 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred Affer t 5 Pending Investigation 1 Natural death. 1 ☐ Yes 2 ☐ No the 2 Accident within 24 hours after deat To the Funeral Director: 6 Could not be determined 3 Suicide In by t 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the fime, date and pleca, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29e. Certifier completaly (Check only onel 29c. License number D 4 6 9 6 2 29b. Signeture and title of certifier 29d. Date signed (Month, Day, Year) 40 December 25, 1996 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) Mahmaud Shirazi, M.D. House Physician-Carroll County General Hospital 31. Date filed (Month, Day, Year) 32. Registrar's Signature State DEC2 7 1996 Talia d'avilson Revolate Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

40551 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dev Year **Physician** Irvin E. Boose, Sr. 24, 1996 Dec 10:10 AM /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 16008 Trenton Road Baltimore Upperco if Under 24 Hrs. Hours Min. if Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Months Deys 15 M 2□ F Yrs. Director 98 216-24-1730 Jul 27,1898 Maryland Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene: If the page 1 and Mental Hyglene: If the page 1 and Mental Hyglene: If the page 2 and 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 Yes 2 No Maryland Upperco Directo 10e. Streat end Number 10f. Zip Code 10g. Citizen of What Country? 16008 Trenton Road 21155 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2☐ No If Yes, Give 1 ☐ Yes 2 ☐ No þ Specify 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Arcadia Garage 6 Farmer & Mechanic 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Eli M. Boose Edith Yingling 2 19a. tnforment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Irvin E. Boose, Jr. - son 16008 Trenton Rd, Upperco, MD 21155 20b. Plece of Disposition (Neme of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burlai 2 □ Cremetion 3 □ Removei from Stete 5 ☐ Other (Specify) 4 Donetion Hampstead Cemetery 12/28 Hampstead, MD 21. Signeture of Funeral Service Licenses 22. Neme end Address of Fecility Eline Funeral Home 934 S Main St, Hampstead, Md 21074 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medicai Immediete Ceuse (Finel diseese or condition resulting In death) Examiner Due to (or es e consequence of): Examiner or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) physician at the burial Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contribute to the cause of death? signed by 1 Yee 2 No 3 Probably 4 Unknown ð 24e. Wes en eutopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed peen has certificata 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 2 1 Yes 2 No 5 Residence 6 □Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA within 24 hours aftar death.

To the Funeral Director: After this completely filled in by the funeral di funaral 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred Certification: 28c. Injury et Work? 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Hospital edical 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 1 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) completed cause of deeth (Item 23a) (Type P) ax 191 WETTMASTON, MA 31. Dete filed (Month, Dey, Year)
DEC 2 7 1996 32. Registrar's Signeture

6 July Davidson Revolution State Registrar

DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene

40552 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2 Date of Deeth Month **Physician** 7:30AM. 26 /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 828 Regent Street Westminster Carroll 5. Social Security Number If Under 1 Year If Under 24 Hrs. 6 Sex 7. Age (fn yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) **Funeral** Deys Hours 1 M ON ME Yrs Director 219-07-1576 82 July 8, 1914 Maryland Usuei Residence of Decedent d 2 should be filed within 72 hours aftar death with the Maryland th and Mental Hyglene. The marked other than "natural", or items 23s or 25s-f show traumstic event, if a Medical Espannion man be notified at 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 ☐ No Director Maryland Carroll Westminster 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 30 Locust Street Apt. 603 21157 United States Funerai 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 200No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Bleck, White, etc. 11. Meritel Stetus 1 ☐ Never Married 2 ☐ Merried 21215-0020 1 ☐ Yes 2 ◯ No Specify: Specify þ 3 Widowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Homemaker Domestic Baltimore, Maryland permit. Pages 1 and 2 should be flie Department of Health and Mental Hy Important: If flem 27 Is marked other any Injury or other traumatic event once. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Edward Franklin Hesson Lillie Belle Ecker 0 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Carole P. Harmon 828 Regent Street, Westminster, MD 20e. Method of Disposition 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete 1 Sturiel 2 ☐ Cremetion 3 ☐ Removei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Meadow Branch Cemetery 12/28 Westminster, Maryland 22. Name end Address of Fecility Myers Funeral Home 91 Willis Street, Westminster, MD

23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear feilure. List only one cause on each line. ers 21157 Approximate Interval Between Onset and Deeth **Physician** PANCREATITIS. CHRONIC /Medical Immediate Cause (Finel disease or condition resulting in deeth) Examiner CACHEXIA Examiner or Attanding Physician: The law requires that the death certificate be assocuted efter death.

Director: After this certificate has been signed by the attending physician and Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or es a consequenca of): OBSTRUCTUE PULMODARY Box 68760 attending physician for use as the buria Physician/Medical Due to (or es e consequenca of) ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records. P.O. 23b. Did tobacco use contributs to the causs of death? signed by t 1 Yss 2 No 3 Probably 4 Unknown FAILUR & ٥ MYOCARIAL INFATRON 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? Completed 1 Yes 2 1No 1 Yes 2 No 25. Wes case referred to medical exeminer? Be 26. Piace of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) funarai 27. Mennes of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident the Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 Sulcide 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) filled in by 4 Homicide 24 hours e Funeral D 1 🕒 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end dua to the cause(s) and menner es steted. 29e. Certifier Medicai 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) end menner stated. (Check only one) To the I 29d. Dete signed (Month, Day, Year) 29b. Signeture end title of certifier 29c. License number Dr. Surendra Morjaria 0 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

NOTICE ROPPO MANCHESTER 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State DEC2 7 1996 alia Davidson Rendall Registrar

Pages 1, 2, 3 should

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THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed without 24 hours after death. Page 6 may be retained by the hospital or attending	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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IMPORTANT: If

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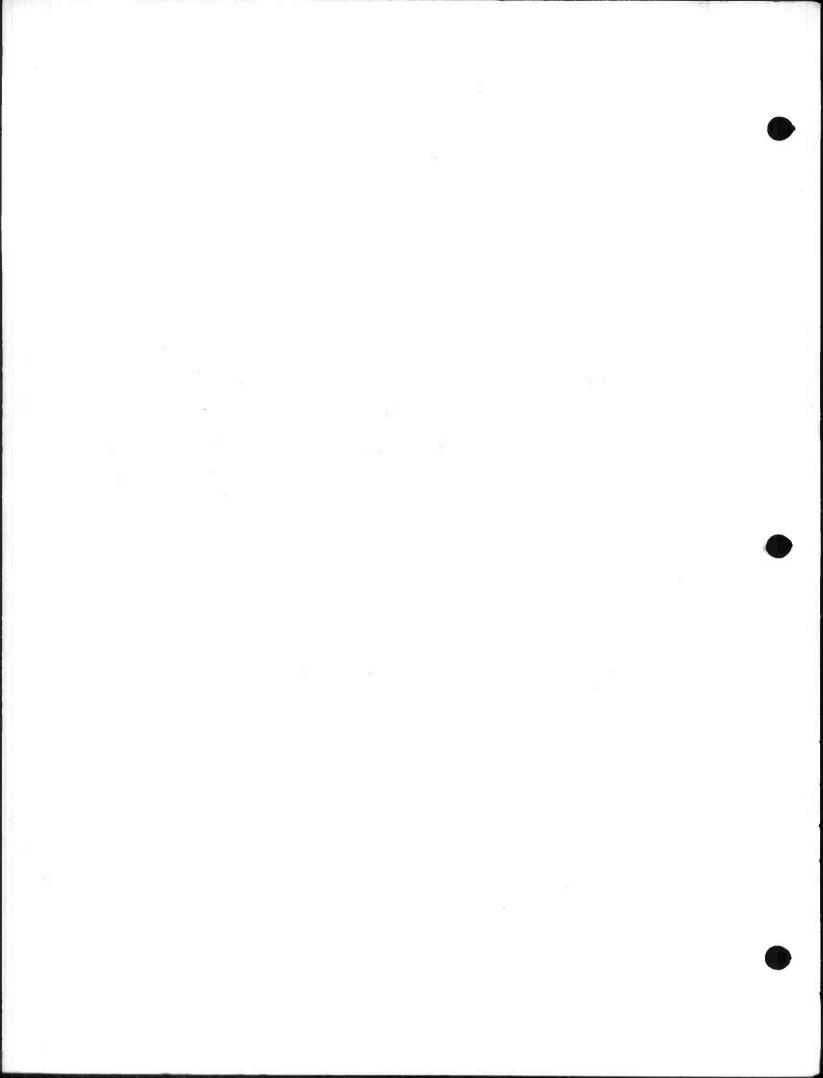
96 40553 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 21^{DAY} Dec. 1996 Romaine 8:20AM Daisy Blacksten 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Ye Oct. 20, MONTHS DAYS HOURS 218-40-9488 1 🗌 M 2 🗓 F 94 YRS 1902 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Westminster Nursing & Conv. Ctr. Westminster Carroll RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY IDc. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? 1 X YES 2 NO Maryland Carrol1 New Windsor FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 209 Church St. U.S.A. 21776 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE --- American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 3 🕅 Widowed 4 🔲 Divorced Specify BY White COMPLETED 15. OECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) church service center 8 cook 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jennie Staub John Eyler BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joyce A. Golden 526 Chalet West Millersville, MD 21108 20e, METHOD OF DISPOSITION
1 (A Burlat 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE 4 Donetion 12/28 nr. New Windsor, MD Winters Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hartzler Funeral Home New Windsor, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **IMMEDIATE CAUSE (Finel** disease or condition general resulting in death) QUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAIL ABLE PRIOR TO ere buo vase Q. COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PH 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\square\) UNCERTAIN \(\square\) PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** HOSPITAL:
1 | Inpetiant 2 | ER/Outpetiant 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica bullding. atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Sulcide 6 Could not be detarminad 4 Homicide COMPLET

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29C. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 96 2 26 2 30. NAME AND ADDRESS OF PLETED CAUSE

31. DATE FILED (Month, Day, Year) DFC2 11996

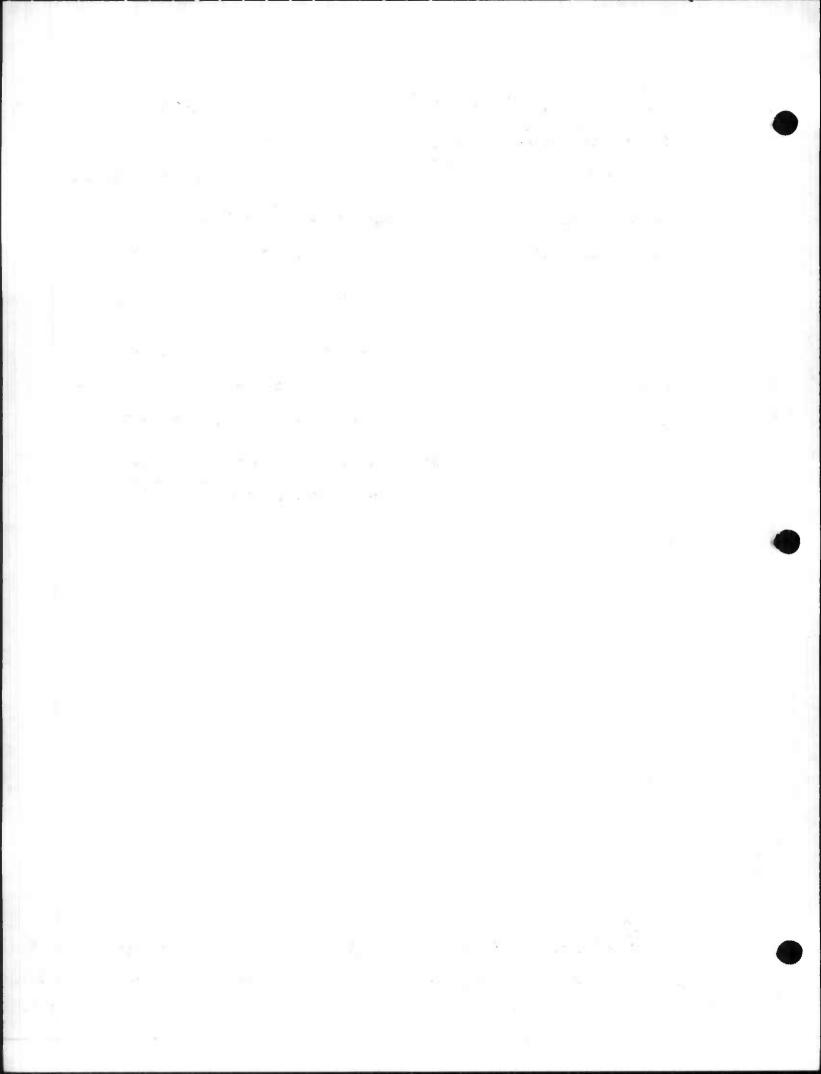
32. REGISTRAR'S SIGNATURE Falia Davidson Rordall

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.



State of Maryland / Department of Health and Mental Hygiene

						Certific	ate of	Death		Reg. No.	96	40	1554
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	Exami		4a. Fecility Nama (if not institution, giv	a street end number)			4	4b. City, Town, or	Location of Death	4c. Count	ty of Death		
L		_	CARROLL COUNTY					WESTMI			ARROLL		
Н	Funeral		5. Social Security Number 6. S 217–16–2790	kDM 2□E	(In yrs. last	birthday) If Ur Yrs. Mont	hs Days	If Undar 24 Hr Hours Mir	. (Month, Da		9. Birthp Coun	leca (State	a or Foraign
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	a-f s	tor	Maryland Carro	11	15	50 FAIR	MOUNT	ROAD	(HAMPSTEAD)			1 🗆 Ye	as 2 No
	or 28	Sire.	10e. Street and Numbar			10f.	Zip Coda			10g. Citizan of	What Coun	itry?	
	23a 23a usrt b	Funeral Director	1550 FAIRMOUNT ROAD 21074										
	or des	nue	11. Maritel Status	12. Was Decedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No ID¥as, Give Yaar or Dates: WW II ducation 13. Was Decedant of Hispanic Origin? If Yas, specify Cuben, Maxican, Pus 1 ☐ Yas 2 ☑ No Specify: 1 ☐ Yas 2 ☑ No Specify:		Specify Yas or Norto Rican, etc.)	14. Race - Amarican Indian, Bleck, Whita, atc.						
20	72 hours efter death with the Maryland natural', or items 23a or 28a-f show dical Examinat must be notified at	by F	1 ☐ Naver Marriad 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorcad			1 ☐ Yas 27 No Specify:					Posoi6		
21215-0020	72 hours "natural",		15. Decedant's Ed							WHITE			
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212	filed within Hygiene. ther than and, the Me	EO	Elementary/Secondary (0-12)	College (1-4or 5+) SELF EMPLOYED			CARPE			NTER			
	Il Hygie other	Bec	17. Father's Nama (First, Middla, Last)					18. Mothar's Na	ıma (First, Middla,	Maidan Suma	me)		
Maryland	s 1 and 2 should be filed within I Health end Mental Hygiene. Item 27 Is marked other than other traumatic event, the Me	ToE	HARRY E. BAKER					MAMI	E REESE				
an	2 sho end I le me		19a. Informant's Name/Ralationship (Type, Print)	19	9b. Mailing Add	rass (Street	and Number or F	Rural Routa Number, City or Town, State, Zip Code)				
	and ealth n 27		HELEN HALE BAKE	R, WIFE				NT RD, H	AMPSTEAD	, MD 21	.074		
Ore	0 0		20a. Method of Disposition 1 □ Burial 2 □ Cramation 3 □	Ramoval from State	20b. Placa cema	of Disposition (tary, cremetory	Nama of or othar plac	¢e)	Data	20c. Location	- City or To	wn, State	
Baltimore,	tmen tant:		4 Donation 5 □Othar (Specific				12/23 HAMPSTEAD, MD						
	permit. Pag Department Important: It any Injury o		21. Signature of Funaral Sarvica Licen	22. Neme end Addrass of Facility ELINE			ELINE FU	NE FUNERAL HOME					
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Y	Physician /Medical		23a. Part1. Enter the disaasa, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate Interval Batween Onsat and Death Immediata Causa (Final disaasa or condition rasulting in daath) Dua to (or as a consequence of): Approximate Interval Batween Onsat and Death 3 DAYS Dua to (or as a consequence of):										
	Examiner												
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	d d ansit	Examiner		b. PNec			·D.					DA	45
oʻ	exec an en	Exa	Sequentially list conditions, if eny, laading to immediata causa. Entar Undarlying Cause (Disaasa or injury that initiated avents resulting indeath Lest Dua to (or as a consequence of):										
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	ng ph	Med	resulting in death) Lest										
Box	ath ce thendi			d							1		
0	0 0 0	Physician	Part II. Other significant conditions or	ontributing to death bu	t not rasulting	In the underlyin	ng causa giv	an In Part I.	23b. Did 1	obacco use co	ontributa to	the caus	of death2
0	requires that the de seen signed by the hould be deteched		C -10 (1/20 0) 1/2 / FEE 1 (0 0)						1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown				
Records,	S 50	d by							Ode Mars subsequifications				
Ö	v require been si should i	Completed								24a. Was en autopsy performad? 24b. Wara autopsy findings available prior to complation of cause			
Re	has has										ofo	death?	
	iclan: The is certificate ha rector, page		05.111						101	as 2 No	1 🗆	Yas 2	∃ No
of Vital		Be C	25. Was casa rafarrad to medical axaminar?	Hospitai:			Oth	or	ath (Chack only o				
		. To	1 ☐ Yas 2 ☑ No 27. Mannar of Death	1 Inpatient 2 ER/Outpatient 3 DOA Nursing Homa 5 Residence 6 Other (Specify)									
Division	Attending is death.	tion	1 Netural 5 ☐ Pending 2 ☐ Accident Invastigation	(Month, Day Year) Injury Work?									
NSI/	of or Attending after death. Director: After din by the fu	Hice	3 ☐ Suicida 6 ☐ Could not ba datarmined 28a. Placa of Injury - At homa, ferm, street, fectory, office				28f. Location (Street and Number or Rural Routa Number, City or Town, Steta)						
ā	s after or lail or lai	Certification:	4 ☐ Homicide building, atc. (Specify)										
	To the Hospital or Atta within 24 hours after de To the Funeral Directo completely filled in by th	edical	29a. Certifilar (Check only 2 Medical Examinar: On the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.										(-)
	Vithin 24		one) and manner stated.										
	N N	Σ	29b. Signatura and titla of certifiar 29c. Licanse number					29d. Dete signed (Month, Day, Year)					
			Dank, Schubfele MI DZ8221 December 20, 1996 30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print) DANH, SCIHRING ENERGY ZOD MEMONIAL AVENE WESTMINSTER MANGEME										
			30. Nama and address of person who o	completed causa of de		(Type, Print) (D) ME	Man.	A. A.14	INC 1	120001	100	11	Inchan
		to	31. Data filed (Month, Day, Year)	32. Flogistrar	1/	10 146	/~(0/((/	10/100		00/191	21102	1009	717010
	Sta	le	DEC 26 1	200	Mindean	Rodell						7.1	117



State of Maryland / Department of Health and Mental Hygiene

40555 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 22 Anna May Burdette Dec. 1996 2:15 PM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 4709 Apt. 3 Ridge Road Mt. Airy Carroll If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Deys Hours 1□ M 25 F 215-96-4225 65 Yrs Director June 8, 1931 Maryland Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Director Maryland Carroll Mt. Airy 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? with ò 238 4709 Ridge Road Apt. 3 21771 United States permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s any Injury or other traumatic event. The Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Marital Status ! ☐ Yes 2 ☑No If Yes, Give Year or Dates: 1 ☐ Never Married 2 St Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: by 3 Widowed 4 Divorced White Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) 5th grade Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Benjamin Black Alice V. Hossler 19e. Informent's Neme/Relationship (Type, Print) Husband 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. James T. Burdette, Sr. 4709 Ridge Road Apt. 3 Mt. Airy, Maryland 21771 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 ⊠Bunal 2 ☐ Cremation 3 ☐ Removel from State 5 Other (Specify) 4 Donetis Dec. 26. Mt. Airy, Maryland Locust Grove Cemetery uneral Servica Licensee 22. Name and Address of Fecility Burrier-Queen Funeral Directors, P.A. 1212 W. Old Liberty Road Winfield, MD moe 21784 nter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, heart failure. List only one cause on each just Approximate Interval Between Onset and Death Physician myelerd leubernia /Medical Immodia e Ceuse (Final dise e or condition resulting in death) Examiner Examiner physician and the buriel-transit that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760 Physician/Medical Due to (or as a consequence of): esu. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contributa to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown by 24a. Was an autopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed peen page 2 s has 1 ☐ Yes 2 ☐ No certificate the Hospital or Attending Physician: Be 25. Was case referred to medical exeminer? 26. Place of Death (Check only one) Hospital: 1 Yes 2 No Other: 4☐ Nursing Home 5 Residence 6 ☐ Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28a. Date of injury (Month, Day Year) 28c. Injury at Work? After 1 Naturei 2 Accident 5 Pending deeth. 1 Yes 2 No within 24 hours efter deeth To the Funeral Director: A completely filled in by the f investigation 6 Could not be determined 3 Suicide Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, dete and piece, end due to the ceuse(s) end menner as stated.

| Medical Examinar: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Itemy 23a) (Type, Print) Baltime MD 21201 In th neened 32. Régistrate Signature 31. Date filed (Month, Day, Year) State

Registrar **DHMH 16 Rev 6/95**

DEC 24 1996

Physician /Medical Examiner

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or Hems 23a or 28a-f show any Injury or other traumatic event, the Modical Emiriner must be notified at once.

Baltimore, Maryland 21215-0020

	Plea	ase Type or State	of Maryland	/ Depa	artmer	nt of I		and N	Mental Hy	giene 9	6	40556
Decedant's Name As Facility Name	EUGI	fla, Last) ENE GEORGI		00,	imour				2. Data of Dad Month DEC	Day 22 1996		3. Tima of Death 9:02 PM
	AL NAVA Number	AL MEDICAL 6. Sax 1 MR 2 F		t birthday) Yrs.	if Unda	1 Yaar Days		THES		h y, Year)	М	ONTGOMERY hplace (State or Foreign
10s. Sieta Maryland	10b. County	arford	10c. City,	Town or Lo	cation			Bel	Air			10d. inaida City Limits 1 ☑ Yes 2 ☐ No
10e. Street and Nu 128 Glen		oad			10f. Zip	Coda	2101	4		10g. Citizen of	What Co	
11. Marital Status 1 □ Never Man 3 ☑ Widowed		Armed F	2 No		Was Deca f Yas, spe 1 □ Yas	_	Hispanic Or an, Mexical Specify:		pecify Yas or No- Rican, etc.)	Specif	ck, Whife	
(Spe	cify only highs	nt'a Education ast grada completed Coilege	(1-4or 5+) 5+	16a. Deced (Give lifa. I	dant'a Uau kind of wo DO NOT u	rk dona sa ratire	palion during mos d)	st of worl	king	16b. Kind of B		industry comment
17. Fathar's Name Vachel 19a. informant's N	Willia	m Bennett		10h Maitir	Address	· /Strag	Barb	ara	na (First, Middla, (nmn) W ral Route Numbe	eiser		Pin Codel
Charlene	B. Be	nnett/ da	ughter		BOX	489	, Bel		c, Maryl		.014	
1 ⊠ Burial 2 4 □ Donation	5 Othar (S			ngtor 22	Nat.	iona	l Cem	ity	12/30/96			Virginia
23a. Part1. Enter shock, or her	the disease, o	or complications that it only one causa on	caused tha daath.	50 Do not ant) Wes ar tha mod	t Br	coadwa	y, I cardiac	Bel Air, or raspiratory ar	Maryla rest,	ind	21014 Approximata interval Batween Onsei and Death
tmmediata Cause diseasa or condition resulting in death)	on	a. ENT	EROCUTANI Dua to (or a									MONTH
Sequentially list co if any, leeding to in cause. Enter Unde	mmadiata arivino	6F	Dua to (or a			ICER					1	YEARS
Causa (Disaasa or that initiated event resulting in death)	S	d	Dua to (or as	s a conseq	uance of):							
Part it. Other signif	ficant conditi	ons contributing to c	leath but not rasultin	ng in the u	ndarlying o	ausa gi	van in Part	1.				to the causs of death
										an autopsy med?	8	Ware sutopsy findings available prior to completion of cause of death?

Physician /Medical **Examiner**

ate has been signed by the attending physician and page 2 should be deteched for use as the burial-transit To the Hospital or Attending Physician: The lew within 24 hours after death.

To the Funeral Director: After this certificate has I completely filled in by the funeral director,

Division of Vital Records, P.O. Box 68760,

Completed by Physician/Medical Examiner Be Certification: To

25. Wes case refarred to medicat axaminar? 1 ☐ Yes 2 No

27. Mennar of Death 1 X Naturai 2 Accidant 3 Suicide

4 Homlcida 29a. Certifiar (Check only one)

31. Data filed (Month, Day, Year)

28a. Date of injury (Month, Day Year) 5 Panding Investigation

Hospiial:

28b. Tima of injury 8 Could not be datarmined

28e. Place of tnjury - At homa, farm, street, factory, office building, atc. (Specify)

1 inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

28d. Dascribe how injury occurred 1 ☐ Yes 2 ☐ No

Othar: 4 Nursing Homa 5 Residence 6 Other (Specify)

28. Placa of Death (Check only ona)

28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 1X Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, deta and place, and due to the causa(s) and manner steted.

1 Yes 2X No

29b. Signatura and titla of certifiar

29c. Licansa number

28c. tnjury at Work?

29d. Date signed (Month, Day, Year)

1 ☐ Yes 2 ☐ No

30. Nama and address of person who completed causa of daath (item 23a) (Type, Print)

GFE-072359 (CA)

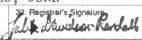
MIR B. ALI, LCDR, MC,

NATIONAL NAVAL MEDICAL CENTER BETHESDA MD 20889-5600

State Registrar

Medical

DEC 27



State of Maryland / Department of Health and Mental Hygiene 96 40557

						Cer	tificate	of L	Death		Reg. No.	. 0	40001
п	Observator		1. Decedent's Name (First, Middle,							2. Dete of De	eth	Vene	3. Time of Deeth
J	Physic /Med		William Ells	sworth B	urton	ì				Dec.	29 ^{Dey} 19	96	8:15 am
	Exami		4e. Fecility Neme (If not Institution, g	ive street end numb	9r)			4	b. City, Town, or	Location of Deet	4c. Count	of Deeth	
			2745 Gypsy I		d				Cambri	dge	D	orch	nester
П	Funeral		5. Sociei Security Number 6	Sex 7.		lest birthday)	if Under 1 Months		If Under 24 Hrs Hours Min		th y, Year)	9. Birth	plece (State or Foreig
	Director		214-12-0301	70 111 201	75	Yrs.				Feb. 2	1, 1921		aryland
	and and		Usuel Residence of Decedent 10e. State 10b. County		10c. Cit	y. Town or Lo	cation						10d. Inside City Limit
	Mary 1 sho	0	Maryland Dorch	nester		C	ambri	ida					14 Yes 2 N
	28e	Director	10e. Street end Number				10f. Zip C		<u> </u>		10g. Citizen of	What Cou	intry?
	3a or	ā	2745 Gypsy H:	ill Road				161.	3			S.A.	
	death	Funeral	11. Maritel Status	12. Was Decede			Vas Decede	nt of His	spenic Origin? (S	Specify Yes or No	- 14. Rec	e - Ameri	Ican Indien,
21215-0020	72 hours efter death with the Maryland "natural", or items 23s or 28s-f show adds! Examiner must be notified at	by Fui	1 ☐ Never Married 2 Merried 3 ☐ Widowed 4 ☐ Divorced	Armed Force Very Yes 2 if Yes, Give Year or Dete	□No		Yes, specif		Specify:	to Rican, etc.)	Specif.	ck, White,	, etc. nite
0-10	in 72 hou	P	15. Decedent's	Education		16e. Deced	ent's Usuei	Occupe	tion		16b. Kind of B		
218	9	Completed	(Specify only highest g	rade completed) College (1-4c	or 54)	(Give I	kind of work OO NOT use	done d retired)	uning most of wo	rking			Timbe
	filed within Hygiene. ther then	PO	Elementery/Secondery (0-12)		,	Sel	f Emp	plo	yed		Busi	ness	Owner
pu	0 = 0 >	Be (17. Fether's Neme (First, Middle, La	st)					18. Mother's Ne	me (First, Middle			
yla	should be and Mantai marked o	2	John E. Burto						Susi	Irene	Wille	У	
Maryland	end end sm		19e. Informent's Neme/Retationship	(Type, Print) Wi	fe	19b. Meilin	g Address (Street a	nd Number or R	ural Route Numb	er, City or Town	Stete, Zij	p Code)
			Rebecca Ann Wil	ley Burt		2745 lieca of Dispos	Gypsy	Hi	11 Rd.	Cambr			
Baltimore,	8 0		20e. Method of Disposition 1			emetery, crem	etory or oth	er plece		Dete	20c. Location	- City or 1	own, Stete
Ħ,	t Pa tant tant		4 □ Donetion 5 □ Other (Spec	-	Dor	chest				12-31	Cambr	idge	e, MD
Bal	permit. Page Department dimportant: if any injury or		21. Signature of Funeral Service Lic	ensee			Name end			Funera	l Uomo	D	λ
	UD 2 6 0		addled Dok	+ all-1/2	mu	14 150	8 H10	th !	St., Ca	ambrida	e, MD	2161	13
8			23a. Part1 Enter the disease, or co	riplications that caus y one cause on each	ed the deeth ine.	n. Do not ente	r the mode	of dying	, such es cardia	c or respiretory e	rrest,	1	Approximete Interval Between
	Physician /Medical											1	Onset and Deeth
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L		-			Due to (o	r es e c <i>on</i> seq	uence of):						45.An
	nsit	Examiner		b	=11111	III TO TO THE REAL PROPERTY.							
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68	ficate phy s the	edicai	resulting in deeth) Lest		Due to (or	es e consequ	ienca of):					i	
×	6 3	₹		d									
. Bo	atte for	Icla	Pert II. Other significant conditions	contributing to death	but not resu	uiting in the un	derlying cau	ico nivo	n in Pert I	23h Did	lohacco use co	ntribute t	to the cause of death
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		ру Р	CIMMH	0515 6	-	610	CR	-			100 10110	0	July 4 dimino
Records,	v requires been sign should be										an eutopsy	24b. W	Vere autopsy findings veileble prior to
000	- 40	piet								perio	rmed?	CC	ompletion of cause
	0 - 0	Completed								10	res 2 No		☐ Yes 2☐ No
Viita	certificate rector, pag	BeC	25. Wes case referred to medical						26. Place of De	eth (Check only o			2700 22310
	00	To	exeminer? 1 Yes 2 No	Hospitel: 1 Inpe	tient 2 🗆	ER/Outpatient	3□ DOA	Othe	P.	lome 5 Resi		er (Speci	(h)
Jo C	g Ph ter th		27. Menner of Deeth	28e. Dete of Ir	jury Dey Year)	28b. Time of Injury	280	. Injury Work			now injury occur		7.
0	r Attending P er death. rector: After t	atic	1 ♣Naturei 5 ☐ Pending 2 ☐ Accident investigati		, out,	irijary	М		es 2 No				
Division	2 5 2 5	Certification:	3 Suicide 6 Could not determine	d 286. Piece of	njury - At ho etc. (Specify	me, farm, stre	et, fectory, o	office		28f. Location (: City or Tox		er or Run	al Route Number,
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	the H in 24 the Fu	edical	one) 2 Medical Exa	miner: On the basis end menner	or examinet steted.	ion and/or inv	estigetion, in	my op	inion, deeth occu	irred at the time,	dete and pleca,	and due t	o the ceuse(s)
	To To To To To To To To To To To To To T	Σ	29b. Signature end title of certifier						number		29d. Date signe	d (Month,	Day, Year)
			Me	~/			1	15	165		12/3	ol9	6.
,			30. Neme end eddress of person who	completed cause of	deeth (Item	23a) (Type, F	rint)						

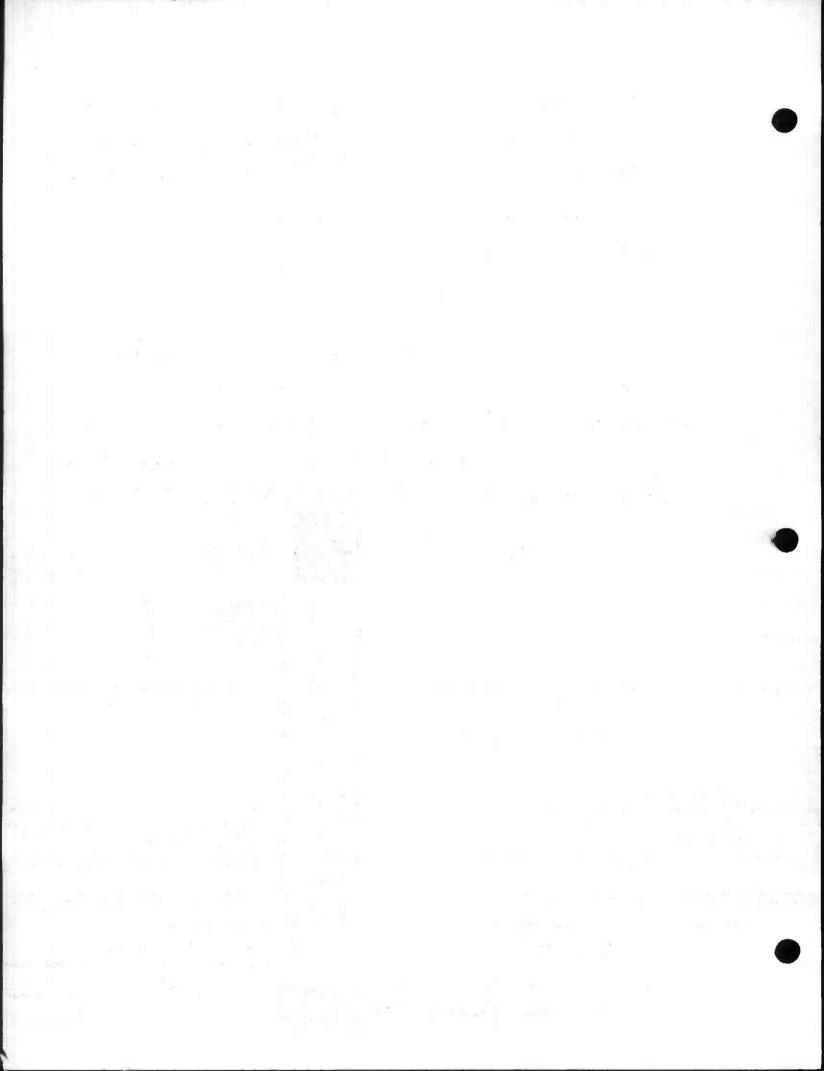
Dr. Mahmood Shariff, 105 Aurora St., Cambridge, MD 21613
31. Dete filed (Month, Day, Year)

32. Registrer's Signeture

DFC 31 1996

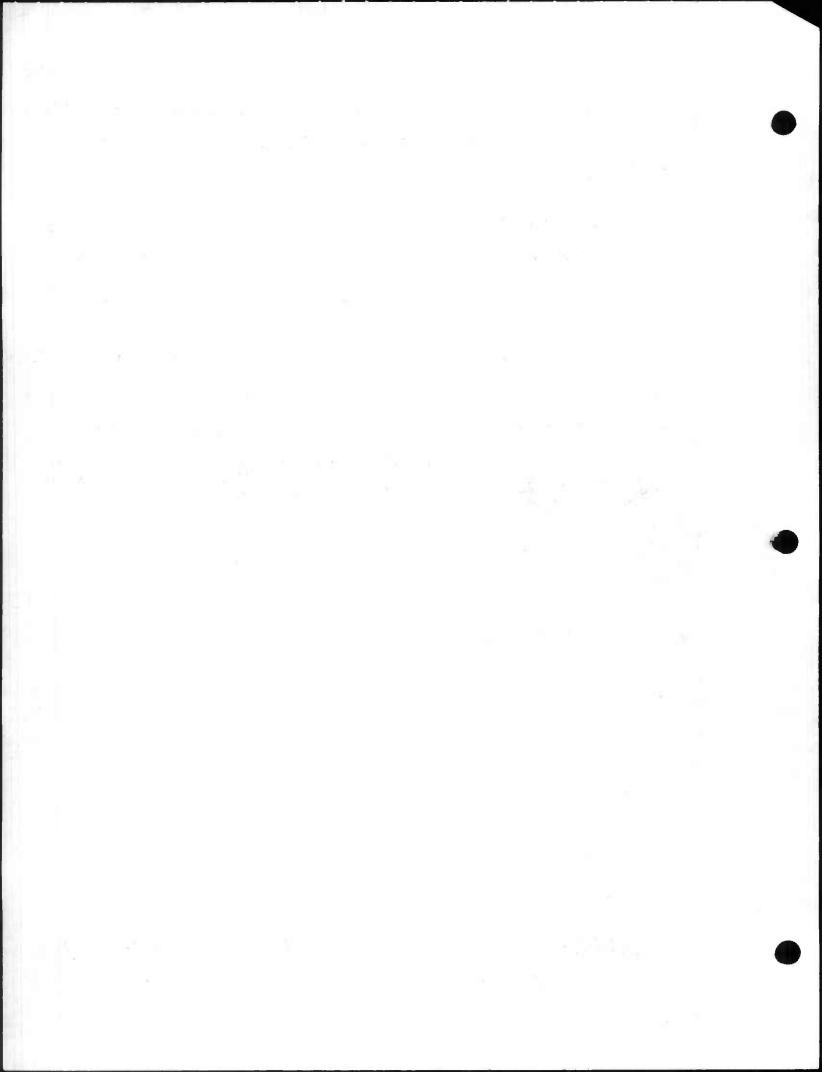
DHMH 16 Rev 6/95

State Registrar



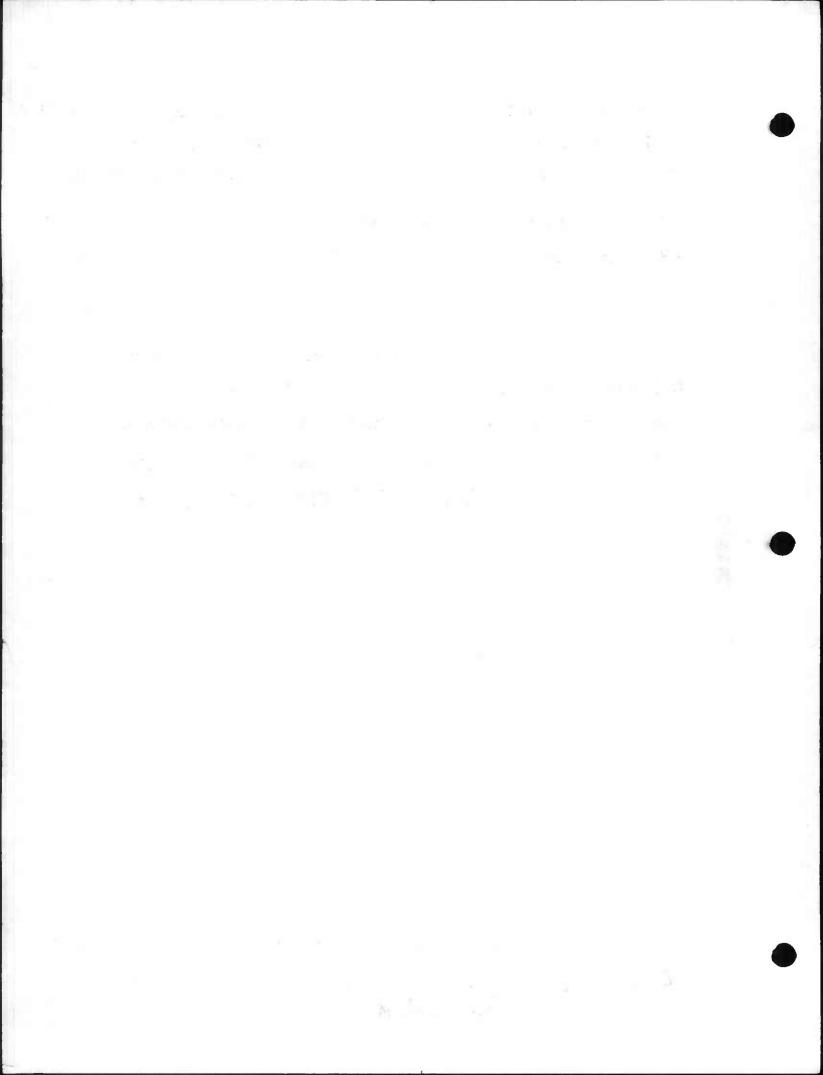
State of Maryland / Department of Health and Mental Hygiene

	Physic /Medi		Decedent's Name (First, Middle, La	si) RENCE		Certificate o	f Death	-	Reg. No.	6 40558 ear 1.1 th
10	Examii Funerai Director	ner	4e. Fecliity Nema (If not institution, give Societ LAN) 5. Sociel Security Number 216-12-4981	MARY IAN	(In yrs. last birtho	Months Dev		8. Dete of Birt	Princ	Ce George's Birthpiece (Steta or Foreign Country)
	D	ctor	Usuel Residence of Decedent 10e. Stete 10b. County Maryland Prince Ge		10c. City, Town o	or Location e Hills		June 3	0, 1921 N	10d. Inside City Limits 1 Yes 2 No
	ter death with the items 23a or 26 insermant be no	Funeral Director	10e. Street end Number 5109 Henderson 11. Marital Stetus 1 Never Married 2 Married	Road 12. Was Decedant Ev Armed Forcas? 1 □ Yes 23000	er in U,S.	10f. Zip Code	748		United S 14. Reca - Bleck,	et Country?
21215-0020	permit. Peges 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examine must be notified at once.	Completed by F	3Of Widowed 4 □ Divorced 15. Decedant's Ec (Specify only highast gra Elemantary/Sacondary (0-12)	If Yes, Give Yeer or Dates:	16e. D	1 Yes 2	upetion	rking	Specify:	White mass/industry Fed
Maryland 2	should be filed wand Mental Hygier marked other than Imatic event, Its	To Be Col	12 17. Father's Neme (First, Middle, Last) Joseph Kelly Cox 19e. Informent's Name/Reletionship (1)			ectrician Mailing Address (Stra	Edna	Owens	Maiden Sumeme)	vices Adm.Gov
Baltimore, Ma	Peges 1 and 2: nent of Heelth ar int: If flam 27 is iry or other trau		Fera E. Fitchett- 20e. Method of Disposition 1 Maguriel 2 Cramation 3 Caracter 4 Donetion 5 Other (Specify	- (Neice)	P.O 20b. Place of D cemetery,	Box 127: isposition (Neme of cremetory or other p	Harrison	burg, V	irginia 2 20c. Location - Ci	
Bailt	Departit Departit Importa any Inju		21. Signature of Funerel Service Licen 23a. Part1. Enter the disasse, or comp	#		22. Neme end Add	ress of FacilityLee La Ferry F	Funeral Road, Cl:	l Home,In inton,Mar	c 6633 Old yland 20735
)	Physician /Medical Examiner	,	Shock, or need tellure. List only	e. Massi		yebrova				Intervel Between Onsat and Death
,00/00	death certificate be executed e ettending physician and of for use as the bunal-transit	al Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disaesa or Injury that initiated events	C	ue to (or es e cor					V
	eath certificate attending phy: I for use as the	an/Medical	resulting in deeth) Last	d	a to (or es e con	sequence of):				1
s, r.C. DOA	v requires that the dea been signed by the at should be detached fo	by Physician/I	Part II. Other afgniffcant conditions co	ontributing to death but r	not resulting In th	e underlying cause (given In Pert I.		obacco uas contri ∕ss 2□ No 3	buts to the cause of death? Probably 400 Unknown
necolds,	has ye 2	Completed t						24e. Wes a perfor	med?	24b. Were autopsy findings available prior to completion of cause of daeth?
DIVISION OF VITAL	ystcian: Is certifica director,	To Be	25. Wes casa rafarred to medical axeminer? 1 Yes 25 No 27. Menner of Death 1 Neturel 5 Panding Investigation	Hospitel: 15 Inpatient 28e. Dete of Injury (Month, Dey Y	2 ☐ ER/Outpa (ear) 28b. Tim	e of 28c. Inj	ther: 4 🗆 Nursing H	ath <i>(Check only o</i> loma 5 ☐ Resid		
DIVID	spital or Attending Ph hours after death. nereil Director: After th y filled in by the funeral	al Certification:	3 Sulcide 4 Homicide 6 Could not be determined	28e. Plece of Injury building, atc. (Specify)	street, fectory, office	time deta and place	City or Tow	n, Stata)	or Rural Route Number,
	To the Hospital or J within 24 hours after To the Funeral Dire completely filled in L	Medical	29b. Signature end title of certifier Maywall	and menner stated	emination and/o	29c. Lice	opinion, death occurse number	rred et tha tima, d	late and pleca, and 29d. Date signed (A	due to tha ceuse(s)
	Sta Registra	te	30. Nema end address of person who come and address of person who come at the second s	LDORF,		20603				



State of Maryland / Department of Health and Mental Hygiene 96 40559

						Ce	rtificate	of	Death		F	leg. No.		10003
ľ			1. Decedent's Neme (First, Midd	le, Last)							2. Dete of Dee		1,000	3. Time of Death
П	Physic		LEWIS RYLAN	D CLARKE							Month	29 1	Year 996	11:10 P.M.
	/Medi		4a. Facility Neme (If not institution		umber)				4b. City. To	wn. or Lo	Dec.	4c. Count		LL. LU F.M.
	Exami	ier	Charlestown Car											
			5. Social Security Number	6. Sex	7 Ann Christian	In ma to bright who are	If Under 1	Veer	If Under		ille		timo	
1	Funeral			1 M 2 F	7. Age (in yrs.	iest birtnaey, Yrs.		Deys	Hours	Min.	8. Dete of Birth (Month, Day	Year)	9. Birth	plece (Stete or Foreign
	Director		212-10-4039	X	91	113.					July 5	,1905	Vir	ginia
	P		Usuel Residence of Decedent 10a. Stete 10b. County	,	10c Ci	ty, Town or L	ocation							I Od. Inside City Limits
	aho a sho	2			100.0									1 ☐ Yes ŽD No
	No Service	Sc	Maryland Balti	lmore		Catons	sville							10 105 20 140
	1 5 K	Director	10e. Street and Number				10f. Zip (Code			1	log. Citizen of	What Cou	ntry?
	23a		715 Maiden Choi	ice Lane			2:	122	8			Unite	d Sta	ates
	9	Funeral	11. Meritel Stetua	12. Wes De Armed F	cedent Ever in U	J,S. 13.	Wes Decede	nt of F	lispanic Ori	igin? (Sp	ecify Yea or No-			can Indien,
0	of por		1 ☐ Never Merried 2 ☐ Mer	ried 1 Tyes	2⊠ No			_			riidari, etc.)		ick, White,	etc.
8	d within 72 hours effer deeth with the Meryland jiene. r than "natural", or flerna 23a or 28a-f ahow The Medical Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, G Yeer or			1□ Yea 2	M MO	Specify:			Specif	y: V	White
9	2 ho	Completed	15. Deceder	nt's Education		16a. Dece	dent's Usuei	Occur	pation	uvec.	,	16b. Kind of B		
216	c .	De	(Specify only highe Elementery/Secondery (0-12)		(1-4or 5+)	(Give	kind of work DO NOT use	done retire	during mos d)	t of work	ing			
7	d within piene. r than	E	12	College	(1-01 3+)	Inst	ırance	Aa	ent			Tnsu	rance	3
D	e filed withing the self Hygiene. other than vant, the M	BeC	17. Fether's Neme (First, Middle,	Last)						er's Neme	e (First, Middle,			
<u>a</u>	d be de		Lewis Ryland Cl	arke Sr.					Ef	fus	Bush			
7	2 should be and Mentel is marked of	2	19e. Informent's Name/Reletions			10h Maili	ing Address (Ctroot			al Route Number	c City or Tour	Ctota 7	Cadal
Maryland 21215-0020	CI W W W		Carole C. Cochi		tor		-							
	1 end Heelth am 27		20e. Method of Disposition	.aii/ Daugii						AIII	apolis,			
0	Peges nent of t int: if its iry or of		1 ☑ Burlel 2 ☐ Cremetion	3 □Removel from	n Stete	Piece of Disponentery, cre	metory or oth	er ple	ce)	l t	Dete	20c. Location	- City or 1	own, State
altimore,	permit. Peges 1 en Department of Heel Important: if item 2 any injury or other once.		4 Donetion 5 DOther (S	Specify)	Mon	reland	Memor:	ial	Park	1	2-31-96	Balti	more	MD
a	Departiment Import		21. Signeture of Funerel Service	Licensee		2	2. Neme and	Addre	ss of Fecili	ty				
m	89 2 2 9		Q. a	call	-11).tol	O HA	RRY H.	W	ITZKE	FUNI	ERAL HOM	E, Inc		
	_		23e. Pert1. Enter the diseese, or shock, or heert feilure. List	complications that	ceused the dee	th. Do not en	ter the mode	of dvii	lumbi	a P	or respiretory arr	cott C:	Lty, M	D 21043 Approximate
Ų.	Physician	11	shock, or heart feilure. List	only one ceuse on	eech line.			,					1	Intervel Between Onset end Deeth
Ž.	/Medical		Immediete Cause (Finai	- 0	1 .							,	A.	
	Examiner		disease or condition resulting in deeth)	o. Con	ested	uche	mic c	ar	dio	my	oper	Can .		424
п		<u>_</u>			Due to (or es a conse	quence of):			0				8
	ed sit	Ę		b									1	
	certificate be executed ding physician and se as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying		Due to (or es a conse	quence of):							
9	clan		Cause (Disease or injury	G										
68760,	ohys the	edical	that initiated events resulting in death) Lest		Due to (d	or ea e consec	quence of):							
	certific	/Me		L									1	
Box	2 2 3	an		d										
	0 0 0	Physician	Pert II. Other significant condition	ons contributing to	death but not res	sulting in the u	inderlying cei	use giv	ven in Part I		23b. Did to	obacco use co	ontribute t	the cause of death?
P. 0	by the	ήÝ									1 U Y	es 2 No	3 □ Pro	bably 4 Unknown
	s the	by F												
ë	iew requires thet the ias been signed by the s 2 should be detache										24a. Was a			ere autopsy findings
Records,	sho es	Completed									perior	med?	CC	ailable prior to impletion of cause
e e	has Je 2	d L										/	of	death?
	E se a	ပိ									1□ Y	es 2 No	11	☐ Yes 2☐ No
Ë	ysician: The is certificate director, par	Be	25. Was cese referred to medice examiner?							of Deat	h (Check only or	10)		
5	2 00	2	1 ☐ Yes 2 Ø No	Hospitai: 1 □	inpatient 2□	ER/Outpetle	nt 3□ DOA	Oth	ier: 4 DiNi	irsing Ho	me 5 Resid	ence 6 Ott	her (Speck	y)
ם	Attending Physician: or death. ector: After this certification by the funeral director,	:uc	27. Menner of Death 1 ☑Netural 5 ☐ Pendir	28a. Dete	of Injury nth, Day Year)	28b. Time o	of 28	c. Injur Wor	y et k?		28d. Describe h	ow Injury occur	rred	
Division of Vital	death. ctor: Al	atic	2 Accident investi	getion			М		Yes 2	No				
5	for Attendent of the Control of the	Certification:	3 ☐ Sulcide 6 ☐ Could 4 ☐ Homicide determ	ined 286. Plec	e of Injury - At h	ome, ferm, st	reet, fectory,	office			28f. Location (S City or Town		ber or Run	ai Route Number,
	s efter I Direct d in by)er	4 🗖 1 1011110100	Dunc	ang, atc. (Spacii	y)					City of 10w	1, 31616/		
	To the Hospital or Attending Ph within 24 hours effect death. To the Funeral Director: After th completely filled in by the funeral		29a, Certifier 12 Certifyin	g Physician: To th	e best of my kno	wiedge, deat	h occurred at	the tir	ne, dete en	d plece.	and due to the c	ause(s) end m	sa renne	tsted.
	Pu Fu jeteh	edical	(Check finly 2 Medical	Examiner: On the I	pesis of examine	tion end/or in	vestigation, l	n my o	plnion, dee	th occurr	red at the time, d	ate and plece,	and due t	the cause(s)
	of thing of the company of the compa	Me	29b, Signature and title of certifie) ^		29c.	Licens	e number		1 2	9d. Dete signe	ed (Month	Day, Year)
	⊢ ≯ ⊢ ō		Munem	4/2	-110h.	91114	1	1	1-	78	6		-	1996
	5		- June 2011	V	meny	744	4						001	1116
			30. Name end address of person			n 23e) (Type,	Print)		٥.		1	2/2	. 0	
				Galloger		116	Muld	en	Chol	ce	Lane	DX 12)	D-1	
	Sta		31. Dete filed (Month, Day, Year)	1006	An editated	sture	at.							
	Registr	ar	DEC 3 1	טככו	The state of		-							



State of Maryland / Department of Health and Mental Hygiene

If Under 1 Year

10f. Zip Code

Days

Certificate of Death

1 Ves 2 □ No

Physician
/Medical
Examiner

1. Decedent's Neme (First, Middle, Last) DAVID

2. Date of Death CUNNINGHAM DECEMBER 26. 1996 9:59AM

worde I

r than "natural", or items 23a or 28a-1 ehor

I Hygiena.

Pagas 1 and 2 should be nent of Haalth and Mental

7 is marked other traumatic event, the

nt of Haalth a If Item 27 is or other tra

permit. Paga Department of important: if eny injury or once.

Physician /Medical

Examiner

and

tha burial-transit

signed by t

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paga 2 certificata

funaral

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filled in by

To the Hospital of within 24 hours at To the Funeral D complataly filled it

I or Attanding Physicien: Taftar daath.
Director: Aftar this certifica

The law requires that the death certificate be axecuted

P.O. Box 68760,

Division of Vital Records,

Examiner

Physician/Medicai

þ

Completed

Be

Certification: To

Medical

Funeral Director

Completed by

Be

2

filed within 72 hours after death with the Maryland

21215-0020

Baltimore, Maryland

BALTIMORE WASHINGTON PARKWAY 6. Sex 123 M 2 ☐ F 5. Sociel Security Number 7. Age (In yrs. lest birthday) 213-08-9481

4a. Facility Name (If not institution, give street and number)

4b. City, Town, or Location of Death LAUREL If Under 24 Hrs.

4c. County of Death

Funeral Director

> 10e State 10b. County

Months

8. Date of Birth (Month, Day, Year) Min Jan 11, 1969

ANNE_ARUNDEL Birthplace (State or Foreign Country) Maryland

Usuei Residence of Decedent

Virginia Fairfax

10c City Town or Location

10d. Inside City Limits

Vienna

10g. Citizen of What Country?

10e. Street and Number

11 Morital Status

2729 Pleasantdale Drive

22180 Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.)

Hours

USA 14. Race - American Indian, Black, White, etc.

1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No if Yes, Give Year or Dates:

JOSEPH

1 ☐ Yes 2 X No Specify:

Specify White

15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12)

Coilege (1-4or 5+)

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

17. Father's Name (First, Middle, Last)

Mechanical Engineer 18. Mother's Name (First, Middle, Maiden Surname)

Architecture

Edward Peter Cunningham

Marleen Walsh

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

19e. Informant's Name/Reletionship (Type, Print)

Edward P. Cunningham father

20b. Piece of Disposition (Name of cemetery, crematory or other place)

9212 Leidel Court, Laurel, Maryland 20708 20c. Location - City or Town, State

20e. Method of Disposition

1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

4 Years

Metro Crematory, Inc.

Date 12/30

Catonsville, Maryland

21. Signature of Funeral Service Licente

22. Name and Address of Facility

Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389

, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, List only one cause on each line. Mulhple Inju Injuries

Approximete interval Between Onset and Death

immediate Ceuse (Final disease or condition resulting in death)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last

Due to (or as a consequence of)

Due to (or as a consequence of)

Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings aveileble prior to completion of cause of death?

12 Yes 2 □ No

1 Yes 2 No

25. Was case referred to medical examiner? 1⊠ Yes 2 No

27. Manner of Death 5 Pending

investigation

6 Could not be determined

Hospitai: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of injury (Month, Day Year) 12-26-96

28b. Time of Injury 09 49 M 28c. Injury at Work? 1 Yes 2 ™No

26. Piace of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence Cother (Specify) ROADWAY - Gred object cousin Driver 28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

1 Naturai

2 Accident

3 Suicide

4 Homicide

28e. Place of Injury - Af home, farm, street, factory, office building, etc. (Specify) Roudwa

Bulhnore-Washington Parkeren 1 Certifying Physician: To the best of my knowledge beath occurred at the time, date and piace, and due to the cause(s) and manner as steted.

X Medical Examinar: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner steted.

29b. Signature end titie of certifier

29c. License number O.C.M.E.

29d. Date signed (Month, Day, Year) DECEMBER 29, 1996

30. Name and eddress of person who completed cause of deeth (item 23a) (Type, Print)

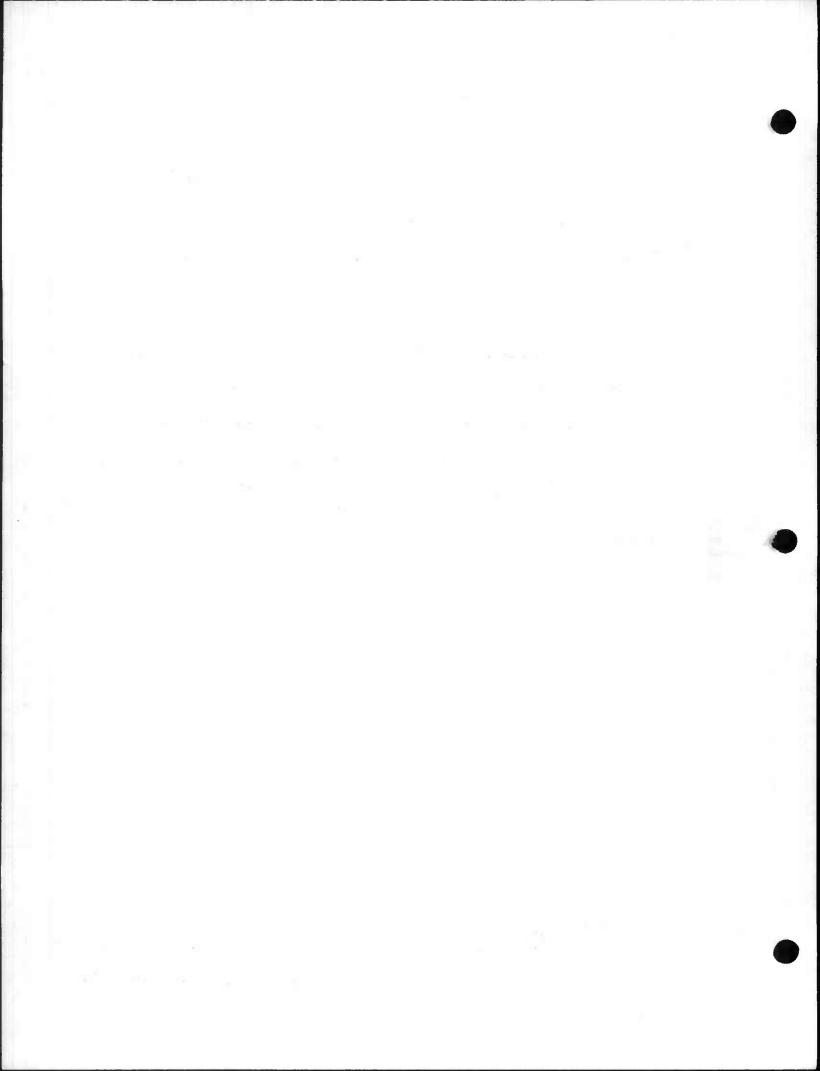
David Forber 111 Penn Street, Baltimore, Maryland 21201

State Registrar

31. Date filed (Month, Day, Year)

32, Registrer's Signature Full of housear hardall

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

				State of N	-		tificate of		vientai riy	giene	96	1.050	1:
			Decedent's Name (First, Middle, L	ast)		Cer	uncate of	Deam	2. Date of Dea	109. 140.	20	9000) 1
п	Physic	ian	Harriet		Louise		Cla	rko		er23,19	Year	3. Time of Dec	
а	/Medi Examir		4a. Facility Neme (If not institution, g	ive street and number				4b. City, Town, or				11:20A	11
7	Examir	ier	Physicians Memor:		,			La Plata	Loodiigii oi Dooiii	Char1			
r	Funeral			Sex 7. A	ge (In yrs. lest birt	hday)	If Under 1 Year	If Under 24 Hrs.	8. Date of Birth			ace (State or Fo	preian
į.	Director		122-20-7608	1 □ M 2 □ XF	75	Yrs.	Months Deys	Hours Min.	8. Date of Birth (Month, Day Sept.	21, 192	1 Ma	iine	
	pur .		Usual Residence of Decedent 10a. State 10b. County		10c. City, Town		anti-						
	aho	5	Maryland Char	105	Walc						10	od. Inside City Li 1 ☐ Yes 2X	
	28a-l	ect	10e. Street and Number	165	Walt	OLL	10f. Zip Code						7 140
	with with	Funeral Director	304 Barksdale Av	enue			2060	2		10g. Citizen of N USA		try?	
	death	Jera	11. Maritei Status	12. Was Deceden	t Ever in U,S.	13. W			pecify Yes or No-		a - America	an Indian.	
21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show int, the Medical Examinat honorised at	by	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces 1 Yes 2 If Yes, Give Year or Dates:	No		Yes, specify Cube ☐ Yes 2 No	lispanic Origin? (S an, Mexican, Puert Specify:	o Rican, etc.)	Specify	ck, White, e		
2-0	72 ho	Completed	15. Decedent's I	Education	16a.	Decede	ent's Usuai Occup	ation		16b. Kind of Bi			
21	d within 72 ho liene. r than "natur the Med cal	npie	(Specify only highest g Elementary/Secondary (0-12)	College (1-4or	5+)	life. D	O NOT use retired	during most of wor i)	king				
21	filed with Hygiene. ther than	Con	12	4		Reg	istered				ical		
Maryland	S is b	Be	17. Father's Neme (First, Middle, Las William Scott	t)					ne (First, Middle,		10)		
7	d 2 should th end Men 7 Is marks traumatic	2	19a. Informant's Neme/Relationship	(Tuna Brint)	104	A 4 - 10			lian Kil				
Ma	d 2 sh or y la		Janet L. Wynne -					and Number or Ru			State, Zip	Code)	
ē,	-ISE		20a. Method of Disposition	Daugitter			ition (Name of atory or other place	r., Pasa		20c. Location -	City or Toy	vn. State	
Baltimore,			1 Donation 5 Other (Spec	Removal from State			a <i>tory or other pl</i> ac Veterans		12-27-96				
alti	artm orts inju		21. Signature of Funeral Service Mice	7 / 1 -//	, raciyic		Name and Addres			Cherce	TILICUIT,	CIL	
0	Depa Impo any ir		Mark G Br	obation MC	0053	H	untt Fun	eral Hom	e, Inc.				
			Mark G. Br 23e. Part1. Enter the disease, or cor shock, or heert failure. List only	nplications that	d the deeth. Do n	ot ente	r the mode of dyin	g, such as cardiac	or respiratory arr	D 20604 rest,	-0156	Approximate	
	Physician		Strong Strong Tangers. Elst Str.		DIA	1	a - 1		A			Interval Between Onset and Deat	
1	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	1	ana	10	10 >	rrec	11				
		i i	resulting in death)	1/1	Due to (or as a c	onsequ	en¢e of):	1 1.	Q 1.00	Dani			
	nsit	uju.		b. ////	1000		ara	IN	JONC	nou			
ć	exect n end ial-tra	Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying	18	oue to (or es a o	onsequ	ence of):	dona	Den	001			
68760,	tificate be executed g physicien end es the bunal-transit	edicai	Cause (Disease or Injury that initiated events	с	Due to (or as a co	nsequi	ancalot).	new	NA	RIGHT	<		
	ng ph es th		resulting In deeth) Last			orrooqu.	517.	0					
Вох	th ce tendii	any		d							1		
0	e dea the et hed fo	sici	Pag II. Other significant conditions	contributing to death b	out not resulting In	the und	derlying cause give	en in Part I.	23b. Did to	obacco uas co	ptributs to	the causs of de	ath?
, P.O.	v requires that the death cer been signed by the ettendin should be detached for use	Completed by Physician/M	HUIDE STE	Man					1 □ Y	ss 200 No	3 Prob	ably 4 Unk	nown
of Vital Records,	n sign	D D	10	,					24e. Was a	in autopsy	24b. Wei	e eutopsy findin	ngs
00	w rec	olete							perfor		ave	leble prior to pletion of cause eath?	
R	The law ate has b page 2 s	E							1 U Y	es 26 No		Yes 2□ No	
ta	ysician: The I is certificate ha director, page	Bec	25. Was case referred to medical			,		26. Place of Dea	th (Check only or		- 10	165 20 140	
<u>></u>	Attending Physician: or death. ector: After this certific by the funeral director,	2	exeminer? 1 Yes 2 No	Hospital:	ent 2 ER/Out	patient	3□ DOA Othe	ar:	ome 5 Reside		er (Specify)		
0	ng Ph fter th neral		27. Manner of Death 1 ☑Natural 5 ☐ Pending	28a. Date of Inju (Month, Da	y Year) 28b. Ti	me of jury	28c. Injury Work	at c?	28d. Describe ho	ow injury occurr	ed		
Sio	tandi Jeath Ior: A the fi	cati	2 ☐ Accident Investigation 3 ☐ Suicide 6 ☐ Could not the	10			M 10	Yes 2 □ No					
Division	after of At Direc	Certification:	4 ☐ Homicide determined	286. Placa of In	jury - At home, fen c. <i>(Specify)</i>	m, stree	et, factory, offica		28f. Location (Si City or Town		er or Rural	Route Number,	
	To the Hospital or Attanding I within 24 hours after death. To the Funeral Director: After completely filled in by the funer		29a. Certifier 1/D Certifying Pl	nysician: To the best	of my knowledge	doath c	socureed at the time	o data and along	and due to the e	(a) and		-	
	• Hos 124 h • Fur sletaly	edical	(Check only 2 Modifical Expone)	niner: On the basis o	i examination and	or Inve	stigation, in my op	pinion, death occur	red at the time, d	ete end placa, e	end due to	ted. the cause(s)	
	To the Hospital or within 24 hours after to the Funeral Dir completaty filled in	M	29b. Signature and little of certifier	111/	7		29c. License	number	2	9d. Date signed	(Month, p	ay, Year)	
	ĺ			UDA	10		D-23	021		12/2	23/	96	
			30. Neme and address of person who				rint)	4					
			Sanjeeb Mishra,MD			nte	r, 7-C P	ost Offi	ce Road,	Waldorf	,Mary	land206	02
	Stat		31. Date filed (Month, Day, Year)		ar's Signature	0.	**						
	Registra	al	DEC 2 7 19	130 DE	dhudeort	rarbo	ll						

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 40562 Certificate of Death 2. Date of De December 1. Decedent's Name (First, Middle, Last) Day 21 **Physician** Month 12 9:11 PM JAMES EDWARD COOMBS /Medicai 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death **Examiner** 4c. County of Death CHARLES PHYSICIANS MEMORIAL HOSPITAL LAPLATA MD If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. Ma 4 20th De6 Year) 9 1 9 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) MD **Funeral** 1(**X**M 2□ F Yrs. Director 220-03-6970 Usual Residence of Deceden the Maryland 10a Stata reast be notified at 10h County 10c. City. Town or Location 10d. Inside City Limits MD Completed by Funeral Director Charles LaPlata 1 St Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 9180 Hawthorne Dr. 20646 U.S.A. Hems 2 11. Maritai Status 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American indien, Bieck, White, etc. other traumatic event, the Medical Examiner filed within 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yas, Give Year or Dates: 21215-0020 ò 1 ☐ Yes 2 ☐ No Specify: Specify: Black 3 Widowed 4 Divorced "natural" 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) Collaga (1-4or 5+) Laborer William Nelson Cons 4 Maryland 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Malden Surneme) . Peges 1 and 2 should be filt ment of Health and Mental Hy lant: If Item 27 is marked oth jury or other traumatic event Joseph Coombs Matilda Lee Coombs 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Mary M. Coombs P.O. Box 1305 LaPlata, MD 20646 Baltimore, 20a. Method of Disposition 20b. Place of Disposition (Neme of Date 20c. Location - City or Town, State Sacred Heart Church Cem. 12/26/96 LaPlata, MD Depentment Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature A Funerai Service Licensee AREHART ECHOLS FUNERAL HOME. INC. P.O. Box 567 LaPlata, MD 20646 ∆M00945 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each lina. **Physician** Immediate Causa (Final disaasa or condition resulting in daath) /Medical Examiner Due to (or as a consequence of): Examiner Preumona The lew requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, physician Physician/Medical Due to (or as e consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Pulmonary 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? complation of causa of death? hes Lardiamy apath this certificate 1 Yas 1 ☐ Yes 2 ☐ No 25. Was case rafarred to medical axaminer? Be 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Certification: To Other: 4 Nursing Home 5 Residence 6 Other (Specify) funeral 27. Mapner of Death 28a. Date of Injury (Month, Day Year) 28c. injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica

State Registrar

edical

29a. Certifier (Check only one)

31. Data filed (Month, Day, Yaar) DEC27

29b. Signeture end title of certifier

Jenkins, Jr., B. Larry, MD 111LaGrange Aveune, P.O.Box 1724, LaPlata, Maryland 20646 32. Registrar's Signature

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.

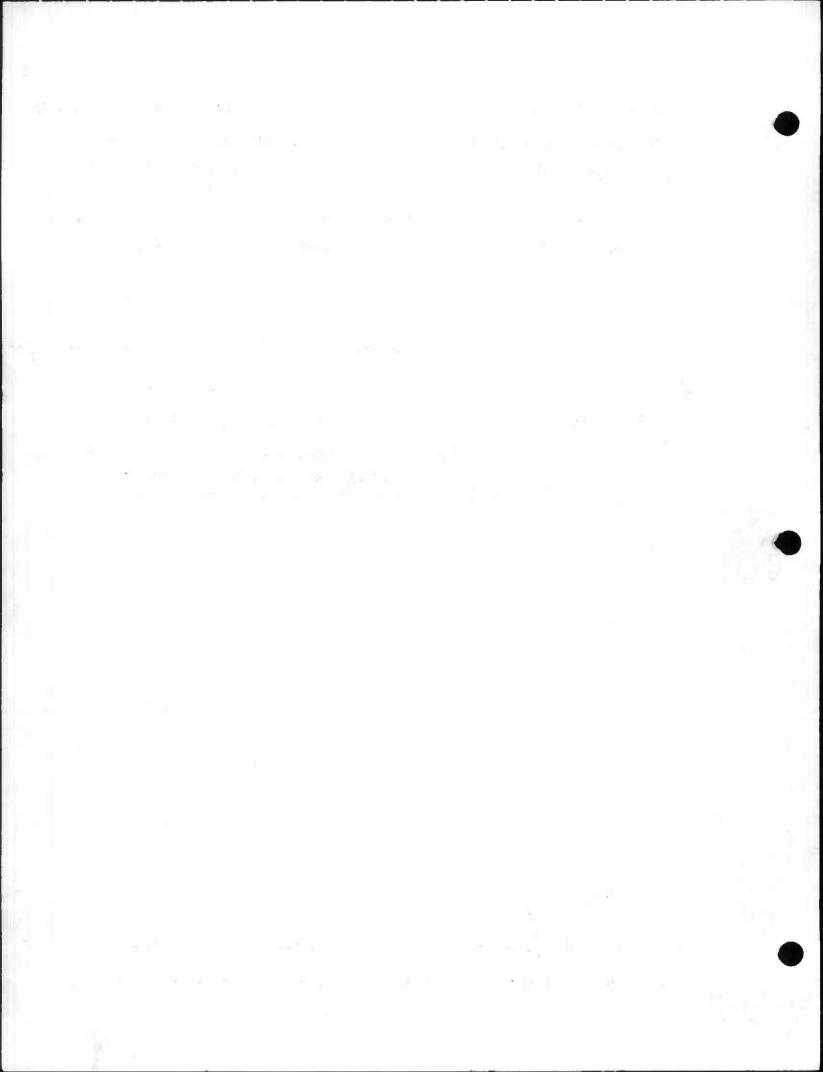
Medical Examiner: In the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) manner stated.

29c. License number

D - 33426

29d. Date signed (Month, Dey, Year)

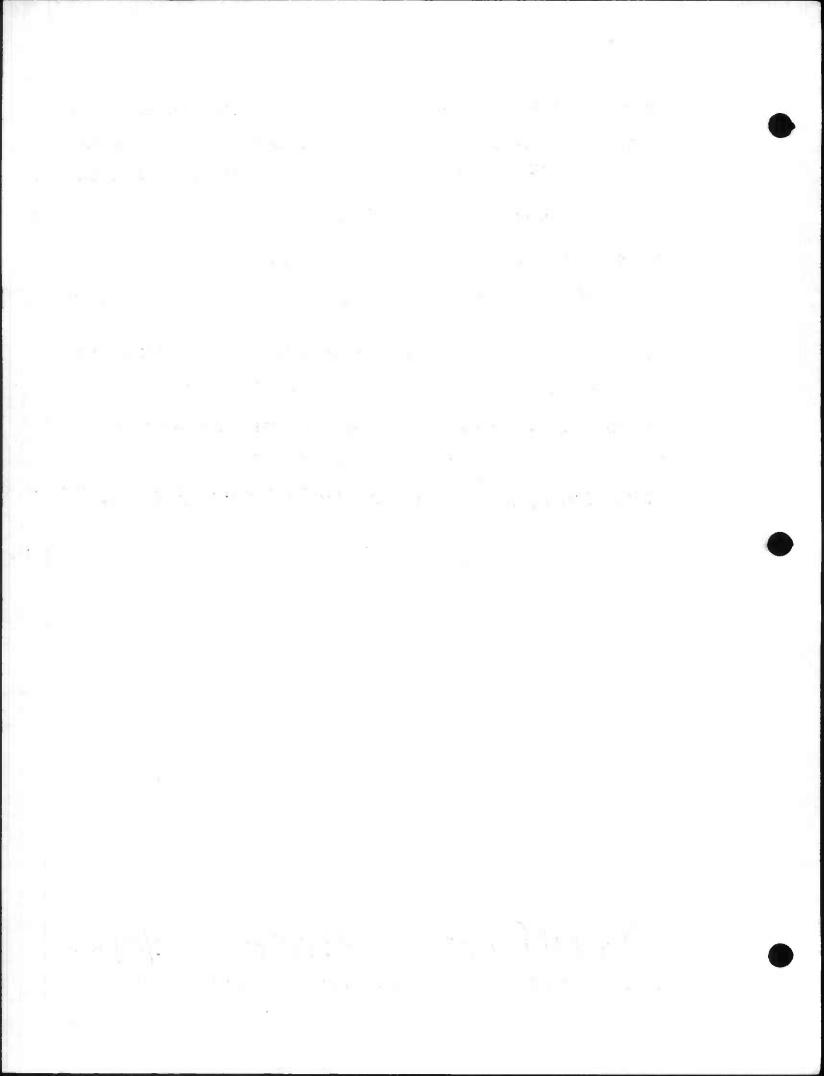
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

				Otate of Maryla		Certificate of			g. No.	6 40563
ı	Physic	ian	1. Decedent's Name (First, Middle, Las	•				2. Date of Deatl Month		3. Time of Death
J	/Medi				INE				9,1996	11:30 PM
4	Exami	ner	4a. Fecility Neme (If not institution, give				4b. City, Town, or L		4c. County of	
-			21310 LANDING 5. Social Security Number 6. Se		rs. last birthd	If Under 1 Year	TILGHM. If Under 24 Hrs.			ALBOT
	Funeral Director			XM 2□ F 80	Yrs	Months Days	Hours Min.	8. Date of Birth (Month, Day, MAR . 12	,1916	P. Birthplace (State or Foreign Country) PENNSYLVANIA
	yland now		10a. State 10b. County	10c.	City, Town or	r Location		-		10d. Inside City Limits
	Mar a-fal	ctor	MD TAL	BOT		TILGH	MAN			1 ☐ Yes XXNo
	or 28	Oire	10e. Street and Number			10f. Zlp Code		10	g. Citizen of Wh	at Country?
	23a	ral	21310 LANDING	LANE			21671		USA	
020	s 1 and 2 should be filed within 72 hours after death with the Maryland Heelth and Mentel Hygiene. Item 27 is marked other than "natural", or itema 23a or 28a-f ahow other traumatic event, I'm Medical Examinet must be notified at	by Funeral Director	11. Marital Status 1 □ Never Merried 2 ☼ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Ever in Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:	1 U,S. 1	3. Was Decedent of H If Yes, specify Cuba 1 ☐ Yes 200000	dispanic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		American Indian, White, etc. WHITE
21215-0020	rithin 72 ho ne. nen *netura	Completed	15. Decedent's Edi (Specify only highest grad Elementery/Secondary (0-12)	cation le completed) College (1-4or 5+)	(G	cedent's Usuel Occup ive kind of work done a. DO NOT use retired	during most of work d)	ring 1	6b. Kind of Busi	
	filed with Hygiene. Ither than		12		TU	RBINE FO		457		NGHOUSE
Maryland	Mental H Mental H arked ot	Be	17. Father's Name (First, Middle, Last) GEORGE W. CLI	NE				e (First, Middle, M LLA LAF		
Į.	2 should and Men is marke	2	19a. Informant's Name/Relationship (T		19h M	elling Address (Street				late 7in Code)
	and 2 seeith ar		WINIFRED R. CLI			O. BOX 2			MD 216	
ore,	other tr		20a. Method of Disposition	20b	Plece of Di	sposition (Name of crematory or other place				ity or Town, State
E	Page net c mt: If iry or		1			IN'S CEME		2-22 T	ILGHMA	N, MD
Baltimore,	permit. Pages 1 and Department of Heelth Important: If Item 27 any injury or other tr once.		21. Signature of Funerei Service Licens	Man ID CH	F.G.P.		HELFEN			FUNERAL HOM
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only o	ications that caused the de	eath. Do not	200 S. H enter the mode of dyir	ARRISON ng, such as cardiac	ST., E or respiratory arre	ASTON,	Approximete
	Physician /Medicai Examiner		Immediate Cause (Final diseese or condition resulting in death)	Bladde						Intervel Between Onset end Deeth
		le.		Due to	o (or as a con	sequence of):				
K	ifficate be executed g physicien and es the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Csuse (Disesse or Injury	Due to	o (or as a con	sequence of):				
68760,	ysicien buri	edical	thet initieted events	Due to	(or as a con-	sequence of):				
	entifical		resulting in death) Last	d	(01 83 8 0011	sequence ory.				
Box	the death cert y the attending sched for use	Physician/N								
o.	the d	ysi	Part II. Other significant conditions co	stributing to death but not r	esulting in the	e underlying cause giv	en in Part I.			ibute to the cause of death?
۵.	res that the de signed by the a be detached i	by Pl						1 € Ye	s 2□No 3	Probably 4 Unknown
Records,	s been s 2 should	Completed b						24a. Wes an		24b. Were autopsy findings available prior to completion of cause of death?
R	0 - 5	E O						1 ☐ Ye	s 2 No	1 Yes 2 No
Vital		Be	25. Wes case referred to medical exeminer?		_		26. Plece of Deat	h (Check only one)	
of V	Q 00 Z	To	1 Yes 2 No	dospitel: 1 Inpatient 2	☐ ER/Outpa	tlent 3 DOA Oth	ner: 4 Nursing Ho	ome 5 Resider	nce 6 Other	(Specify)
ono	D 00	tion:	27. Manner of Death 1	28a. Date of Injury (Month, Dey Year)	28b. Time Injur	y Wor	yat rk? Yes 2 □ No	28d. Describe ho	w Injury occurred	
Division	tal or Attendir rs after death. al Director: Af led in by the fu	Certification:	3 Suicide 6 Could not be determined	28e. Placa of Injury - At building, etc. (Spe	t home, farm,	street, fectory, office		28f. Location (Str. City or Town,	eet and Number State)	or Rural Route Number,
	To the Hospital or J within 24 hours after To the Funeral Dire completely filled in L	edicai	29a. Certifier (Check only one) 1 Certifying Physical Exami	nician: To the best of my kener: On the basis of exemi and manner stated.	nowledge, de ination end/or	ath occurred at the tir investigation, in my o	me, date and plece, oplnion, deeth occur	end due to the ca red at the time, da	use(s) and menn te and pisce, sn	ner as steled. d dua to the cause(s)
	To the Within To the	Me	29b. Signature and title of pertiller.	P	_	29c. Licens	a number	29	d. Date signed (Month, Day, Year)
			Durid H	mur		03	1887	'	12/20	196.
			30. Name and address of person who co	ompleted cause of death (It			ENUE, E	ASTON,	MD 216	01
	Sta		31. Date filed (Month, Day, Year)	32. Registrar's Sig	nature	70. 2.00	•	-		

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene

40564 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month 96 **Physician** Mabe 2051 12 /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, give street and number County of Death Examiner Dorchest ambridge rtal If Under 1 Yaar | If Undar 24 Hrs. 8. Date of Birth Month, Day 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foraign Country) **Funeral** Months Days 2)90 Hours 1□M 2X F Yrs Director Maryland Usual Residence of Decedent with the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 🎎 No Maryland Dorchester Hurlock Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Peges 1 and 2 should be filled within 72 hours effer death v. Department of Health and Mental Hygiene.
Important: if them 27 is married other than "natural" — 1. 000. 4724 Skeet Club Road 21643 Funeral USA 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, etc. 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yes 2X No Specify: Specify: Black þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8th Laborer Factory Work 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Malden Surnama) Irvin Jones Henrietta Brice P 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gloria Cephas 4724 Skeet Club Road, Hurlock 21643 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 XBurial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) East New Market Cemetery 12/28/96 East New Market, Md. 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Bennie Smith Funeral Home P.O. Box 1687, Easton, Maryland Part1. Epler the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and are failure. List only one causa on each lina. Approximete Interval Between Onset and Death Physician /Medical Immediate Cause (Finel Vegr5 disaase or condition resulting in death) Examiner Due to (or as a consequence of) Physician/Medical Examiner ettending physician and for use es the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Due to (or as a consequence of): ed by the edetached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 3 Probably 4 Unknown 1 Yes 2 No þ 24b. Were autopsy findings available prior to should should Completed 24a. Was an autopsy parformed? completion of cause of death? s certificate has t 1 Yes 2 10 100 1 ☐ Yes 2 ☐ No or Attending Physician: director, 25. Was case raferred to medical axaminar? Be 26. Placa of Death (Check only one) Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 22 No Inpatient 2 ER/Outpatient 3 DOA Certification: To this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred within 24 hours efter death. To the Funerel Director: After completely filled in by the funer + Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 8 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide 29e. Cartifier +Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basia of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certific 29c. License number 29d. Date signed (Month, Day, Year) 120 30 Name and address of person who completed cause of death (Item 23a) (Type, Print) Ontol mous 503 c510 31. Date filed (Month, Day, Year) 32. Registrar's Signature State JEC 23 1996 a Della Registrar

DHMH 16 Rev 6/95

Please Ty

7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs.

ise Type or Prin	t in Black indelible ink. Assure	All Copies Are Leg	ible.	
State of Ma	ryland / Department of Health and	d Mental Hygiene	96	40565
	Certificate of Death	Reg. No.	20	40000
e, Last)		2. Data of Death	Vaar	3. Tima of Death
Marie	Carter	December 19	, 199	6 1250

4b. City, Town, or Location of Death

Prince Frederick

4c. County of Death

Calvert

1 ☐ Yas X No

Physician /Medical Examiner

4a. Facility Nama (If not institution, giva street and number) Calvert Memorial Hospital 5 Social Security Number

1. Decedant'a Nama (First, Middle, Last)

Martha

8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** Months Days Hours 1 □ M 2 🗓 F 54 213-46-9151 Yrs. Director Feb 22, 1942 Maryland Usual Rasidanca of Dacedant Papes 1 and 2 should be filed within 72 hours after death with the Maryland nearly of Haaith and Mental Hygiena.

Int. II fem 27 is marked other than "natural", or items 23s or 28s-f show any or other traumstic event, the Marical Examples must be notified at 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits Director Maryland St. Mary's Lexington Park 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21154 Winding Way 20653 U.S.A. Funeral 12. Was Decedant Evar In U,S. Armed Forcaa? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Nevar Married 2 Married 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced Black 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) Housekeeper 11th Grade Mote1 17. Fathar'a Nama (First, Middle, Last) 18. Mother'a Nama (First, Middle, Maiden Surname) Be Andrew Sylvester Bush Bernardine 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Sharon Elizabeth Chase P.O. Box 688, Mechanicsville, MD 20a. Method of Disposition 20b. Plece of Disposition (Nama of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata Department of Important: If any injury or once. Charles Memorial Gardens 12/24/96Leonardtown, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility
Mattingley-Gardiner Funeral Home, P.A.
P.O. Box 270, Leonardtown, MD 20650 23a. Part1./Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** CERTERO VASCULAR ACCIDENT immediata Causa (Final diseasa or condition resulting in death) /Medical Examine Examiner [ARDIAL ARRESO bunal-transit The law requires that the death certificate be executed Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Dua to (or as a consequence of) RESP. FAILUME Box 68760. physician Physician/Medical tha Dua to (or as a consequence of) USB BS Division of Vital Records, P.O. ata has been signed by the page 2 should be datached Part II. Other algrifficant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa centribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown ģ 24b. Wara autopsy findings svallable prior to completion of cause of death? Completed 24e. Was an autopsy performed? certificata has 1 Yes 2 No 1 Yas 2 No or Attending Physician: funarai director. Be 25. Wes casa rafarred to medical axaminar? 28. Place of Deeth (Check only one) Hospitel: 1 Inpatlant 2 ER/Outpatient 3 DOA 1 Yes 2 No Othar: 4 Nursing Homa 5 Residence 8 Othar (Specify) Certification: To this 28a. Deta of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Dascribe how Injury occurred 28c. injury at Work? Aftar 1 Netural 5 Panding 1 □ Yas 2 □ No within 24 hours after death. To the Funeral Director: A investigation 2 Accident 8 Could not be datarminad 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 3 ☐ Suicida 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) filled in by 4 Homicida Hospital 1 🖾 Certifying Physician: To the best of my knowledga, daath occurrad at tha time, dete end plece, and dua to the causa(s) and mannar as stated. Medical 29a. Cartifiar (Check only one) 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. \$ 29b. Signatura and titla of certifiage 29c. Licensa number 29d. Data aigned (Month, Day, Year) 30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print) 20, PR. FREDRILY MA PRANAY 206 78 110 HOUN 303 32 Registrar's Signeture 31. Data filed (Month, Day, Year)

Registrar DHMH 16 Rav 6/95

State

DEC 23 1996

Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40566 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month 23, 1996 December Richard Samuel Clark 0630 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Patuxent River Naval Hospital Patuxent River St. Mary's | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day Year) | 9. Birthplaca (State or Foreign Country) | January 22, 1924 | Washington, D.C. 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 1 □ M 2 □ F 579-22-8637 72 Yrs. Director Usual Rasidance of Decedant 10a Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 1 ☐ Yas 2 No Director St. Mary's Maryland Scotland 10f. Zlp Coda 10e. Street and Number 10g. Citizen of What Country? 20687 P.O. Box 172 United States Funeral 11. Maritai Status 12. Was Dacedant Evar in U,S. Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☑ Married 1 ☐ Yas 2 ☐ No Specify: Specify: ð White 3 ☐ Widowed 4 ☐ Divorced Completed Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Elementary/Secondery (0-12) College (1-4or 5+) Water Department Public Works 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Samuel Clark Ruth Stevens 19e. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Cecilia Agnes Clark Wife P.O. Box 172, Scotland, Maryland 20687 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 Donation 5 Other (Specify) 12/27/96 Alexandria, Virginia Metropolitan Crematory 22. Nama and Addrass of Facility
Brinsfield Funeral Home, P.A. w Brinsffeld, Jr. MOO052 P.O. Box 279, Leonardtown, Maryland 23a. Part1. Entar the disaasa, or complications that caused tha death. Do not entar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart fallura. List only one cause on each tine. Approximata intarvai Between Onset and Death **Physician** /Medical PRICELL My ocard, in Intaretion Immediata Causa (Final Sec. disaasa or condition rasulting in daath) Examiner Examiner Sequentially list conditions, if any, teading to immadiata causa. Entar Undarlying Cause (Diseasa or trijury that initieted events resulting in death) Last Due to (or as a consequence of): Physician/Medical Dua to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown by 24b. Wara autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? 25. Was casa rafarred to medical axaminer?
1 D Yas 2 □ No
27. Mannar of Death Be 26. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 DOA 28a. Deta of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Dascribe how injury occurred 1 Anatural 2 Accidant 5 Pending invastigation 1 Yas 2 No 3 Suicide

physician and the burial-transit Division of Vital Records, P.O. Box 68760 signed by the To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director,

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hyglene. Important: If Nem 27 is marked other than "neturel", or items 23e or 28e-f show any Injury or other traumstic event, the Medical Examinar mass he confirms

Baltimore, Maryland 21215-0020

6 Could not be Location (Street and Number or Rural Routa Number, City or Town, State) Placa of Injury - At homa, ferm, street, factory, office building, atc. (Specify) 4 - Homicide 29a, Certifier

29b. Signatura and titla of certifier

1 Certifying Physician: To tha best of my knowledge, deeth occurred at tha tima, data and piece, and due to the cause(s) and mannar as stated.

20 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, death occurred at tha tima, data and placa, and due to tha cause(s) and mannar stated. 29c. Licansa number 29d. Data signad (Month, Day, Year)

D1458C

12-23-96.

30. Nema and addrass of person who completed causa of daath (Item 23a) (Type, Print)

William Boyd II, M.D. 31. Date filed (Month, Day, Year) DEC 27

Leonardtown, Maryland 20650

State Registrar

Medical

32 Registrar's Signatura July Davidson Randall

State of Maryla ... of Health and Mental Hygiene 40567 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Cyllen **Physician** -athrun Henrietto 96 12 /Medical 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Daath County of Death **Examiner** Walther Parkville 8800 Himor vd 5. Social Security Number 6. Sax If Undar 1 Year If Undar 24 Hrs. 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 8. Data of Birth (Month, Day, Year) Funerai Months 1 □ M 2 🛛 F Days Hours Director 82 306-05-4410 April 19,1914 Indiana Usual Rasidanca of Dacadant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 28a-f ahow Pages 1 end 2 should be filed within 72 hours efter death with the Marylar nent of Health end Mental Hygiene. Int: If Item 27 Is marked other than "natural", or items 23s or 28s-f show Int: If item 27 Is marked other than "haters!", or other traumetic event, the Medical Examine man to morthed as 10d. Insida City Limits 1 Yes 2 No Director Maryland Baltimore Parkville 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 8800 Walther Blvd. Funeral 21234 United States 12. Was Decedent Evar in U,S. Armad Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, etc.) 11. Marital Status 14. Race - Amarican Indian. Black, White, etc. 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify. þ Specify: 3 Widowed 4 ☐ Divorced White Completed Decedant's Usual Occupation
 (Give kind of work dona during most of working life. DO NOT use retirad) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Collaga (1-4or 5+) 12 Grade Homemaker Home 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be Arthur Jerome Bleekman 10 Geraldine Marie Maxfield 19a. Informant's Name/Ralationship (Type, Print) 19b. Melling Address (Straat and Number or Rural Route Number, City or Town, State, Zip Code) Sharon K. Meissner - Daughter 944 Glenangus Dr. Bel Air , Md. 21015 20b. Place of Disposition (Name of camatary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State permit. Pages Department of Important: If it eny Injury or o 1 ☐ Burial 2X Cremation 3 ☐ Ramoval from Stata 4 ☐ Donetlon 5 ☐ Other (Specify) R.A. Ferris & Co. Inc. 12-24-96 W. Chester, Pa. 21. Signatura of F 22. Nama and Address of Facility McComas Funeral Home 1317 Cokesbury Rd. Abingdon, Md. 21009 23a. Part 1. Ento the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediata Cause (Final disaasa or condition resulting in daath) respirator Minutes Examiner Due to (or as a consequence of): Physician/Medical Examiner Congestive the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiate causa. Enter Underlying Cause (Diseasa or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of): and P.O. Box 68760, rena 91 Due to (or as a consequence of): use as Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by diaheles 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ page 2 should be Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? peen certificate has 1 Yes 2 DINE 1 ☐ Yas 2 ☐ No popital or Attending Physician: The hours after death.
Ineral Director: After this certificate by filled in by the funeral director, pa Be 25. Was cesa rafarred to medical 28. Placa of Daath (Check only ona) Othar: 4 Nursing Homa 5 Prasidance 6 Othar (Specify) P 1 | Yas 2 100 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Menngrof Death 28a. Data of Injury (Month, Day Year) Medical Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Netural 5 Panding 1 ☐ Yas 2 ☐ No investigation 2 Accident 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 3 ☐ Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida To the Hospital o within 24 hours af To the Funeral Di completely filled in 1 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, date end place, and dua to tha ceuse(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred at the time, data and place, and due to the causa(s) and mannar stated. 29a. Cartifiar 29b. Signatura and titla of certifiar 29c. License number 29d. Data signed (Month, Day, Year) AD 47040 30. Neme end addrass of person who coppleted ceuse of death (Item 23a) (Type, Print SAMVE)urso 1

State

Registrar

31. Data filad (Month, Day, Year)

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32. Registrar's Signetura

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Dey

40568

Physician
/Medical
Examiner

1. Decedent's Name (First, Middle, Last) CARROLL W. CULLIM

4a. Facility Neme (If not institution, give street end number)

2. Dete of Death DECEMBER 21 1996 435 AM

4b. City, Town, or Location of Death 4c. County of Deeth

3. Time of Death

			BALTIMORE VA	MEDICAL	CENTER			BALTIN	MORE		n/a
5	Funeral Director		217-24-9483	Sex 7. Age	(In yrs. last birth	Months		if Under 24 H Hours Mi	8. Date of (Month, 12-0)	Birth Dey, <i>Year)</i> 7-1927	9. Birthplace (State or Foreig Country) MD
	ath with the Maryland 23a or 28a-1 ehow	ctor	Usual Residence of Decedent 10a. State 10b. County MD Har	ford	10c. City, Town		re (de Grac	e		10d. inside City Limit
	th with the 23a or 28 met be no	ai Director	10e. Street and Number 600 Lewi	s Street		10f. Zip	Code	21078		10g. Citizen of	What Country?
020	or items	by Funeral	11. Maritet Status 1 □ Never Merrled 2 □ Married 3 □ Widowed 4 ☑ Divorcad	12. Was Decedent E Armed Forces? 1 X Yes 2 ☐ N If Yes, Give Year or Detes: 1	0	13. Wes Decedif Yes, spec	city Cube	spanic Orlgin? n, Mexican, Pud Specify:	(Specify Yes or erto Rican, etc.)		oce - American Indian, ack, White, etc. White
0200-61212	within 72 ana. than "nal	Completed	15. Decedent's E (Specify only highest gi Elementery/Secondary (0-12)	Education rede com <i>pleted)</i> College (1-4or 5-	+) (i	Decedent's Usua Give kind of wo life. DO NOT us hotogra	rk done d se retired	furing most of w)	rorking		Business/Industry al Government
yland ,	Mental Hygie Mental Hygie arked other atic event, to	To Be C	17. Father's Neme (First, Middle, Las Carroll W.	•		10togra	p.i.c.	18. Mother's N		lle, Maiden Sume ola Mose	me)
, mar	and 2 sho saith end of 1s m		Mr. James G. Wa				_		e de G		n, Stete, Zip Code) ID 21078
aitimore	OF H		20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci		cemetery,	Disposition (Nem cremetory or o	ther pled	,	Date 12/24/9		- City or Town, State de Grace, MD
Dall	permit. Page Department of Important: If any Injury or		21. Signature of Funeral Service Lice	8. 8m	The state of the s	Mitche Havre	ell-S	mith Fu Grace,	neral H	lome, P. 21078-319	A.
50x 60x 60°	Ex medicate be executed estimated and estending physician and for use as the buriel-transit.	an/Medical Examiner	Immediate Ceuse (Final disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	b. SEPSIS C. CHRONIC	ue to (or as a cor	nsequence of): nsequence of):	ê F	PULMONI DISEAS		SEASE	
5.7.	es that the death igned by the etter be detached for	/ Physician/M	Part It. Other significant conditions	contributing to death but		he underlying or	ause give	on in Part i.			ontribute to the cause of death
necolus,	been s	Completed by							pe	es an autopsy flormed?	24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No
200	sician: certific frector,	Be	25. Wes case referred to medical examiner? 1 Yes 2 No	Hospital:			Othe	AP1	eeth (Check only		
	To the Hospital or Attending Physician: The lav within 24 Journs after death. To the Funeral Director: After this certificata hes completely filled in by the funeral director, page 2	ation: To	27. Menger of Death 1 Natural 5 Pending 2 Accident investigation		28b. Tin	-	Bc. Injury Work	4 Nursing	T	sidence 6 Oti e how Injury occu	
2	To the Hospital or Attending F within 24 hours after death. To the Funeral Director: Aftar completely filled in by the funer	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	building, etc.	(Specify)				City or 7	own, Stete)	ber or Rural Route Number,
	the Hosp in 24 hor the Fune	edical	29a. Certifier 1 ☐ Certifying Pt (Check only one)	nysician: To the best of niner: On the basis of e and manner state	xamination and/	leeth occurred a or Investigation,	at the tim in my op	e, date and ptac Inion, death occ	ca, and due to the curred at the time	e cause(s) and m e, date and plece,	enner as stated. , and due to the cause(s)
	To To To To To To To To To To To To To T	Σ	29b. Signeture and title of certifier	MD MD			License			29d. Dete signe	ed (Month, Dey, Year)
			30. Name and address of person who	completed cause of dea		pe, Print)	P09-		2	December 10 212	
	Sta Registr		31. Date filed (Month, Day Year) DEC 2 3	1996 32. Registrat	South s Signature a distribution		St	Dali	inore !	4D 212	

State of Maryland / Department of Health and Mental Hygiene

40569 Certificate of Death 1. Dacedent's Nama (First, Middle, Last) 2. Data of Death December 26, 1996 **Physician** DAVID E. DODSON 5:10 AM /Medicai 4a. Facility Nema (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Laurel Regional Hospital Prince George Laurel If Under 1 Year | If Under 24 Hrs. Months | Days | Hours | Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Data of Birth (Month, Dey, Year) **Funeral** Days 1 MM 2□ F Vre Director 214-10-4463 86 Feb 02, 1910 West Virginia Usual Rasidance of Dacedent the Maryland 10a Stata 10b. County 10c. City, Town or Location show 10d. Inside City Limits 23a or 28a-f show 1 Yes 2 No Director Prince George Beltsville 10e. Street and Numbar 10f. Zip Coda 10g, Citizan of What Country? 4825 Lexington Avenue 20705 USA Pages 1 and 2 should be filed within 72 hours after death vinent of Health and Mental Hygiene.

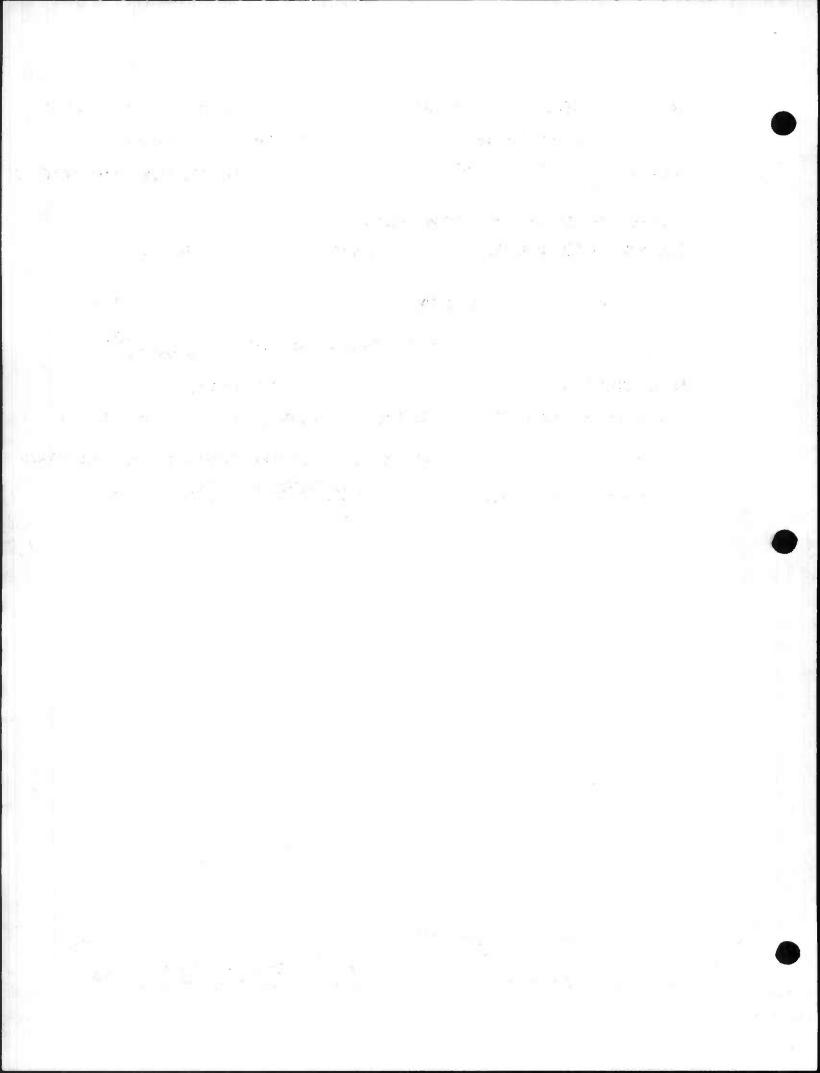
This if from 27 is marked other than "natural", or items 23, with if items 27 is marked other than "natural", or items 23, with items in the property of the property in the Negree Essenties mainty or other thaumatic event, the Negree Essenties Franch Funeral 12. Was Decedent Evar In U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puarto Rican, etc.) 11. Maritel Stetus 14. Race - American Indian, Black, White, etc. 1 ☐ Yas 2 💆 No If Yas, Giva Yaar or Dates: 1 ☐ Nevar Marriad 2 ☐ Married 21215-0020 1□ Yes 2X No Specify: Specify White þ 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Elemantery/Secondery (0-12)
Grade 8 College (1-4or 5+) Heavy Equipment Operator Construction Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Meidan Surneme) Be Luther Robert Dodson 2 Ida Mae 19e. Informant's Name/Raletionship (Typa, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) Shirley Ann Palmer daughter 4825 Lexington Ave. Beltsville, Maryland 20705 20b. Placa of Disposition (Nama of cematary, crametory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata permit. Pages Department of Important: If it any Injury or o 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Colesville Cemetery 12/30 Colesville, Maryland 21. Signatura of Funeral Service Licensee 22. Name and Address of Fecility Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389 23a. Part1. Enter the dubase, or complications that caused the daeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or hadri failure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** Immediata Causa Final diseasa or condition resulting in death) /Medical & ACUTE MYDCARDIAL INFARCTION HOURS Examiner Dua to (or as a consequence of): Examiner 6. CORONARY ARTERY DISEASE 10 YEARS The law requires that the death certificate be executed burial-transi Sequantiatly list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury thet Initieted evants resulting in daath) Last Dua to (or as a consequence of): pug physician the burial Box 68760. FAILURE CONGESTIVE HEART 10 YEARS by Physician/Medical Dua to (or as a consequence of): 88 CARDIAC ARRHUMTHA IOYEARS 980 for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 12 Yea 2 No 3 Probably 4 Unknown CHRONIC DIVERTICULITIS Division of Vital Records, 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an eutopsy performed? ABDOMINAL ADRTIC ANEURYSM page 2 ITY PERTENSION 1 Yas 2 No 1 □ Yes 2 □ No or Attending Physician: 25. Wes casa rafarrad to medical axaminar? Be 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 🗷 ER/Outpatiant 3 ☐ DOA Other: 4 Nursing Home 5 Rasidanca 8 Othar (Specify) Certification: To 1 Yas 2 No this funeral 27. Mannar of Death 28e. Deta of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural after death. 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 Sulcida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) filled In by 4 Homicida To the Hospital or within 24 hours a To the Funeral D edicai Certifying Physician: To the best of my knowledga, daath occurred at tha time, deta and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at tha tima, dete and place, and dua to the causa(s) and manner stated. 29a. Certifian completely (Check only one) 29b. Signatura and title of certifiar 29c. License number 29d. Data signed (Month, Day, Year) opecano 30. Nama and address of person who completed cause of deeth (Item 23a) (Type, Print) MARY RUTH M. LOPEZ MD 7243B HANOVER PILLY GREEN BELT, MA 31. Dete filed (Month, Dey, Yaar) 32. Registrar's Signatura State Juli Stocker Berlett Registrar

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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Registrar DFC 2. 7 1996 Walk Market Revolution				32. Registrer's Signety			occe nat.	TATIOT A TO	u 20022		



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Yaar Florence Irene Drury December 4, 1996 7:40 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** St. Mary's Hospital Leonardtown St. Mary's If Undar 1 Yaar If Undar 24 Hrs. 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** 1 □ M 2 🛣 F Months Days Yrs 213-38-4861 Director Aug. 4, 1912 Maryland Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits item 27 is marked other than "natural", or items 23a or 28e-f ahow other traumatic event, the Medical Examiner mant be nothed at 1 ☐ Yas 2 No St. Mary's Maryland Directo California 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 45853 Emerald Lane 20619 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 □ Navar Married 2 □ Married 1 ☐ Yas 2 🗓 No Specify: Specify: þ 3 ☑ Widowed 4 ☐ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b, Kind of Business/Industry permit. Pages 1 and 2 should be filed within: Department of Health and Mentel Hygiens. Important: if fem 27 is marked other than any Injury or other trauments. Collage (1-4or 5+) Eiamentary/Secondary (0-12) Educator Public Schools 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be Harvey Lewis Small Nora Etta 19a. Intormant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Sharon Drury Owens 45853 Emerald Lane, California, MD 20619 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Othar (Specify) 4 Donation 12/7/1996 Alexandria, VA Metropolitan Crematory 22. Nama and Addrass of Facility BRINSFIELD FUNERAL HOME, P.A. P.O. Box 279, 22955 Hollywood Road Leonardtown, Maryland 20650-0279 K. Blankenship Materrae 1 Part1. Enlar tha disaasa, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one causi of each line. Approximate Intarval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final CARDIO-PULMONARY FAILURE MINS disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of): DAYS ACUTE MYUCARDIAL INFARCTION bunai-transit Dua to (or as a consequance of): Saquantially list conditions, if any, leading to immadiate causa. Entar Undarlying Cause (Disaase or Injury that initiated evants rasulting in death) Last and physician as the bunial HEPATO-RENAL FAILURE Physician/Medical Dua to (or as a consequanca of) signed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 No 3 | Probably 4 | Unknown þ 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to Completed completion of causa of death? 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate or Attending Physician: after death. Director: After this certifica 25. Was casa rafarred to medical axaminar? Be 28. Placa of Death (Check only ona) Hospital: 122 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No 2 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 5 Panding Invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) in by 4 I Homicida • Funeral Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a. Cartifier Medical and mannar stated. To the within 2 29b. Signatura and little of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) D50044 DR. M.A. RAHMAN, MD 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) PO Box 664 Leonaratown, md 20650 10 Mohammad Kahman, MD

32. Begistrar's Signatura

Registrar

State

31. Data filed (Month, Day, Year)

DEC 10

1996

Hospital

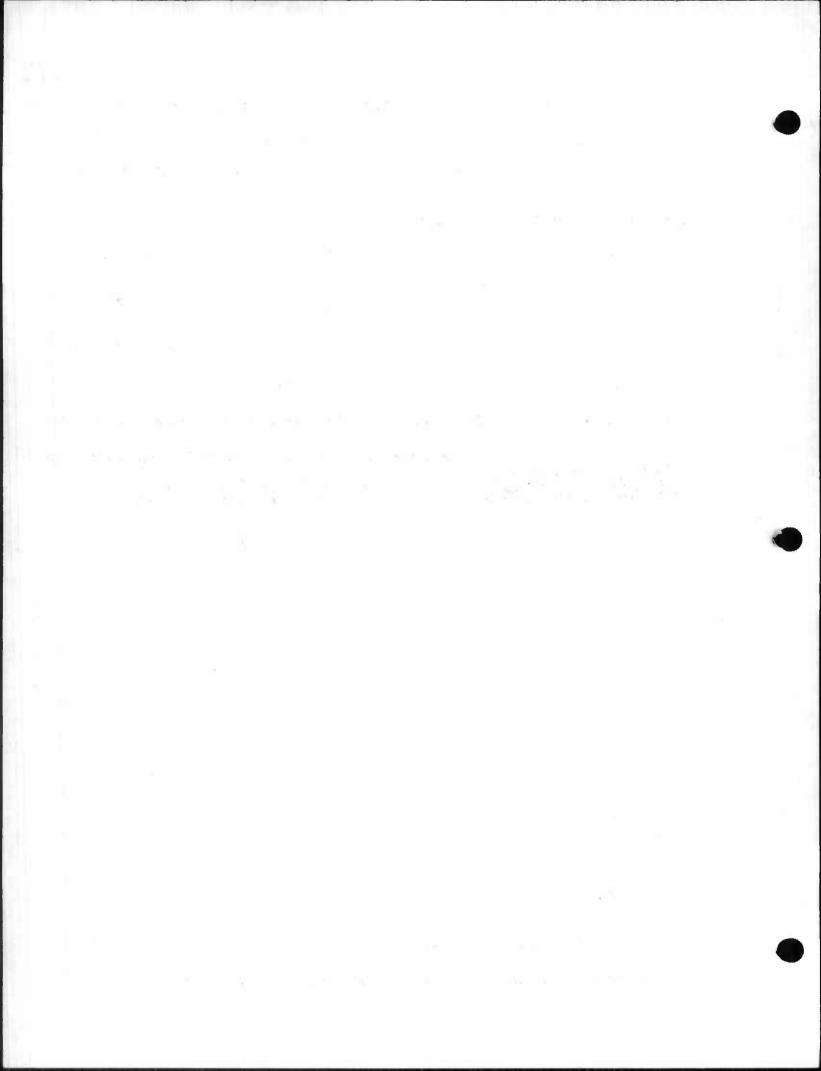
the Meryland

72 hours after death

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

				State of Ma		eparime C <i>ertifica</i>		Death		giene Reg. No.	96	40572
	Physic	ian	1. Decedent's Name (First, Middle, La						2. Date of Dec Month	Day Day	Year	3. Tima of Death
4	/Medi			ILLIP		DYSO			Decembe	r 12	1996	10:53 AM
	Examir	ner	4a. Facility Neme (If not institution, giv	The second secon				4b. City, Town, or L		1	y of Death	
1			St. Mary's Hospit 5. Social Security Number 6.8		(In yrs. last birtho	for If I lod	er 1 Year	Leonard			St. Ma	2
	Funeral Director			91 7. Age ⊠M 2□ F	43 Yr	Month:		Hours Min.	8. Date of Birt (Month, Da August 2	7, 1953	9. Birthpli Count Mary	ace (State or Foreign try) Land
	land w		10a. State 10b. County		10c. City, Town o	or Location					10	Od. Inside City Limits
	death with the Maryland ms 23a or 28a-f show must be notified at	ō	Maryland St. Mar	v's	Lexir	igton l	Park					1 ☐ Yes 2 ☒ No
	or 284	Director	10e. Street and Number	-			ip Code			10g. Citizen of	What Count	ry?
	23a or	a D	41 P Hills Traile	r Park			20653			United	d Stat	es
		Funeral	11. Marital Status	12. Was Decedent E Armed Forces?	iver in U,S.	13. Was Dec	edent of H	Ilspanic Origin? (Si an, Mexicen, Puerto	pecify Yes or No-	14. Ra	ce - Americe	
020	# 9 E	þ	1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 🛣 N If Yes, Give Year or Dates:	0	1 Tes, sp		Specify:	o riceri, etc.)	Specif		
5-0	natur	peter	15. Decedent's Ed (Specify only highest gra	ucetion	16a. D	ecedent's Us	ual Occup	eation	king	16b. Kind of E	Jusiness/Ind	ustry
Baltimore, Maryland 21215-0020	- 20	Completed	Elementary/Secondery (0-12)	College (1-4or 5-	F)	lumbe		during most of world)	King	Plumbi	og /Hoa	ting
9	Hygi Hygi	ပို	17. Fether's Neme (First, Middle, Last)			Tumber	-	18. Mother's Nam	ne (First, Middle,		-	CING
an	id be ental kad o	To Be	Paul Dyson					Mary F	enwick			
ary	shou and M umat	-	19a. Informant's Name/Relationship (Type, Print)	19b. N	Malling Addre	ss (Street	and Number or Ru	ral Route Numbe	r, City or Town	, Stete, Zip	Code)
Σ	and 2 aith a		Deborah Dyson	Wife	41	P Hil	ls Tr	ailer Pa	rk, Lexi	ngton l	Park,	MD 20653
ore	of He of He r oth		20a. Method of Disposition 1 XI Burial 2 □ Cremation 3 □	D	20b. Plece of D cemetery,	isposition (Na	ame of other plac	ce)	Date	20c. Location	- City or Tov	vn, Stata
Ë	Pag ment: H ury o		4 □ Donation 5 □ Other (Specify		Immacul	ate He	art o	of Mary 1	2/16/96	Lexing	ton Pa	ark, MD
Balt	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if item 27 Is marked other than 'any Injury or other fraumatic event, tra Means.		The Signature of Funeral Spares Licen	14				ss of Facility d Funeral	l Home.	P.A.		
				nkenship		P.O.	Box	279. Leon	nardtown	. Marvi		
			23a. Part1. Enter the disease, or company shock, or heart failure. List only	one cause in each line	ine death. Do not e.	enter the mo	de of dyln	ng, such as cerdiac	or respiretory er	rest,		Approximate Interval Between Onset and Death
9	Physician /Medical		Immediate Ceuse (Finel		. 10 10 1	2						2
	Examiner		disease or condition resulting in death)	111	F-C 1-1			BLEED	ING		<u> </u>	3 days
		ner			Due to (or es e cor	isequence of).				- 1	
,	ificete be executed g physician and as the bunel-trensit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	b	Due to (or as a cor	rsequence of):					169
68760,	ysicla	edical	Cause (Disease or Injury that initiated events	c	ue to (or as a con	sequence of	ŀ					
	entifice sing ph	-	resulting in deeth) Last	d	(4. 32 4. 33							
Box	that the deeth certific ed by the ettending p deteched for use as	Physician/N										
P.O.	the de	ysic	Pert ii. Other significant conditions of	entributing to death but	not resulting in th	ne underlying	ceuse giv	en in Pert I.	23b. Did t	obacco use co	ontribute to	the cause of death?
	es that i igned by be dete	by Ph							101	es 2 No	3 Prob	ably 42 Unknow
Records,	requir een s hould	Completed							24a. Was e		con	re autopsy findings liable prior to apletion of ceuse
Re	e lav has	m								×	1 1 1 1 1 1	eath?
ta			25. Was cese referred to medical					26 Piece of Don	1 U Y		10	Yes 2□ No
<u> </u>	Physician: this certific ral director,	To Be	examiner? 1 ☐ Yes 2 No	Hospital:	t 2 ER/Outpa	atient 3 🗆 🗆	Oth Oth	26. Place of Dee	ome 5 Resid		her (Snecify)	
Division of Vital	5 5 7	Certification: T	27. Manner of Deeth	28a. Date of Injury (Month, Day	28b. Tim	e of	28c. Injur Work		28d. Describe h		111111111111111111111111111111111111111	
ISI	Attender deat ector:	fica	3 Sulcide 6 Could not be	28e. Place of Injur	v - At home, farm			100 20110	28f. Location (S	treet and Num	ber or Rural	Route Number.
5	or after	ert	4 ☐ Homicide determined	building, efc.	(Specify)	,	,,		City or Tow	n, State)		
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical C	29a. Certifier (Check only one) Certifying Physical Example (Check only one)	sician: To the best of iner: On the basis of and manner state	exemination and/o	eath occurred or investigation	d at the tin	ne, dete end place, pinion, death occur	and due to the cred et the time, c	ause(s) and m late end plece,	enner as ste	ited. the ceuse(s)
	of the	M	29b. Signature end title of certifier	and mariner state	BU.	25	c. License	e number		29d. Dete signe	ed (Month, D	lev, Year)
	F S F Ö		() Meg	DR.M.A.	Q alan = -		D:	50044			12,19	
		}	30. Name and address of person who o								, , ,	. ~
			Dr. MOHAMMAD				s. L	eonardtow	m, MD 2	0650		
	Sta	_	31. Date filed (Month, Day, Year)	32. Registrar	's Signature						M.	
	Registr	ar	DEC 1 6 199	th The di	rudger Ron	tall						

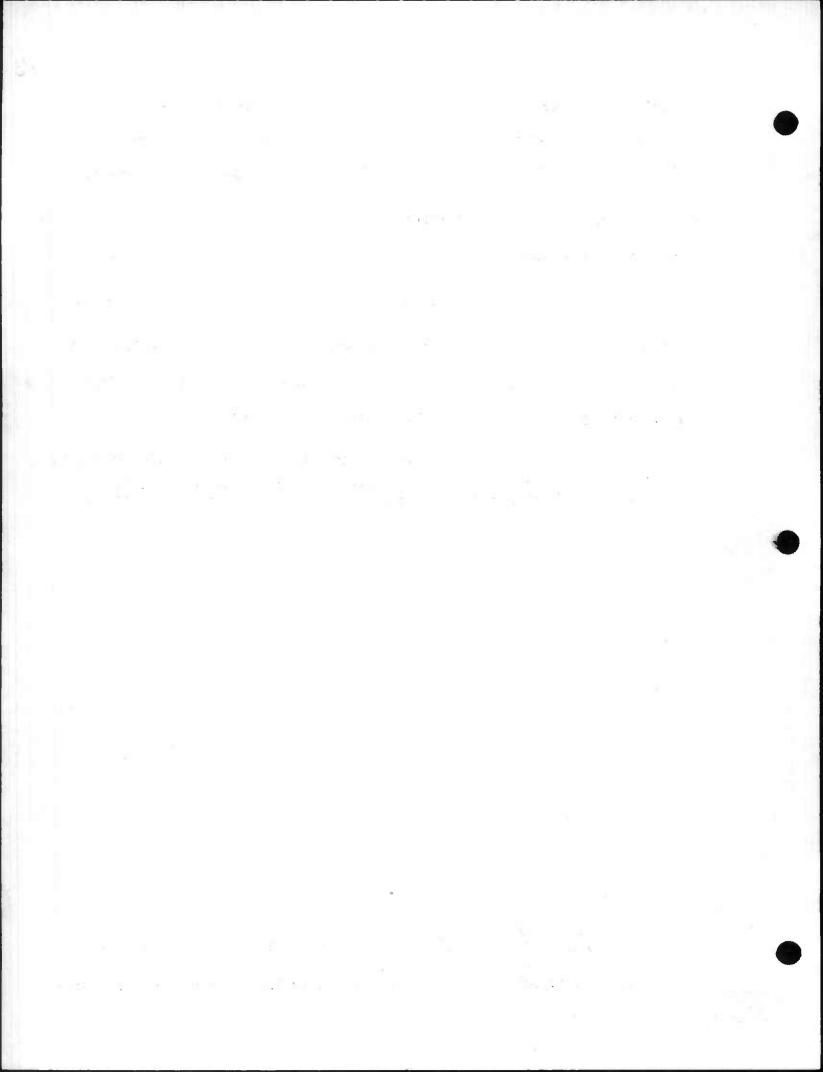


State of Maryland / Department of Health and Mental Hygiene

40573 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** 16,1996 Julian Gardiner Dver December 9:20pm /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Daeth 4c. County of Death **Examiner** Physicians Memorial Hospital La Plata Charles If Under 1 Yeer Months Days If Undar 24 Hrs. 8. Deta of Birth (Month, Dey, Year) 5. Sociel Sacurity Number 7. Age (In yrs. lest birthday) Birthplece (Steta or Foreign Country) **Funeral** 1 X M 2 □ F 217-09-5735 80 Director AUG 23, 1916 MARYLAND Usuel Residence of Dacadent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examinat Invest be notified at 10e. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 No Director Maryland Charles Faulkner 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 10555 S. Faulkner Road 20632 U.S.A. Funeral 12. Was Decadent Ever in U,S. Armed Forcas? 11. Marital Stetus 13. Wes Dacedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indian Bleck, White, atc. 1 l⊠Yes 2 □ No
If Yes, Give
Year or Dates: 1941-1945 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ₩ No by Specify: 3 Widowad 4 Divorced White Completed 15. Decedant's Education (Specify only highest grade completed) 16e. Decedant's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 12th Grade (0-12) Collaga (1-4or 5+) Parts Manager Tractor Dealer 17. Fether's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Gardiner Mary Beatrice Julian Dyer 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, State, Zip Code)
0555 C Faulkner Rd - Faulkner, MD 20632 19a. Informent's Neme/Relationship (Type, Print) 10555 S. Faulkner Rd., Faulkner, MD Theresa E. Dyer 20b. Placa of Disposition (Neme of cematary, cremetory or othar place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 ☐ Bunal 2 ☐ Cremation 3 ☐ Removel from Stata 12/20/96 Chapel Point, MD 4 ☐ Donetion 5 ☐ Other (Specify) St. Ignatius Cemetery 22. Name and Address of Facility.
Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Maryland 20650 ordiner Part 1. Enter the disaase, or complice lions thet caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory arrest, shock, or haart feilura. List only one cause on aach lina. Approximete Intervel Between Onset and Deeth **Physician** Several Immediete Cause (Finel diseesa or condition resulting in deeth) /Medicai (probable Perforated Hours Examiner Due to (or es a consequance of): Physician/Medical Examiner spital or Attending Physician: The law requires that the death cartificate be executed ours after death.

Werl Director: After this certificate has been signed by the attending physician and filled in by the fundered director, they the fundered director. Sequentially list conditions, if eny, leeding to immedieta causa. Enter Underlying Ceuse (Diseesa or Injury that initieted evants resulting in deeth) Lest Due to (or as a consequence of): Box 68760. Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Preumonia ģ Chronic Obstructive Palmonary Disease 24b. Wara autopsy findings evallabla prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed 1 Yes 1 Tyes 2 No. 25. Was case rafarred to medical exeminer? Be 28. Pleca of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manner of Death 1 Denatural 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding investigation 1 Tes 2 No 2 Accident 6 Could not be datermined 3 Sulcide 28f. Location (Street and Number or Rurel Routa Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, straat, factory, office building, etc. (Specify) 4 Homleide Hospital
 24 hours
 Funeral 29e. Certifiar (Check only one) 12 Certifying Physician: To the best of my knowledge, daetif occurred at the time, dete and place, and due to the causa(s) and mennar as stated.
2 Medical Examiner: On the best of examination end/or investigation, in my opinion, daeth occurred at the time, date and place, and due to the causa(s) and mennar stated. Medical To the Within 2 29b. Signatura and title of cartifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) 12-16-96 D - 33426 30. Neme end addrass of person who completed cause of daeth (Itam 23a) (Typa, Print) Jenkins, Jr., B. Larry, MD 111 LaGrange Aveune, P.O. Box 1724, LaPlata, Maryland 20646 3. Rederar Signatural State

Va



State of Maryland / Department of Health and Mental Hygiene

96 40574 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Year Doyle **Physician** LESTER ROY DOYLE December 1996 /Medicai 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not Institution, give street end number) 4c. County of Deett **Examiner** WICOMICO SALISBURY PENINSULA REGIONAL MEDICAL CENTER If Under 1 Yeer | Months Days ff Under 24 Hrs. Hours Min. 5. Sociei Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) Birthpiece (State or Foreign Country) **Funerai** 1 □ M 2 □ F 70 Director 213-24-2610 Nov. 7. 1926 Va. Usuei Residence of Decedent with the Maryland 10e. State 10c. City, Town or Location 10b. County 10d. fnside City Limits ral', or items 23a or 28a-f ahow Examiner must be notified at 1 ☐ Yes X☐ No Director Md. Wicomico Salisbury 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code Snow Hill Rd. 21801 USA permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Meniaf Hyglene. Important: If item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Medical Examinat must page. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American indian, 11. Meritei Status Black. White, etc. Never Merried 2 Married 1 ☐ Yes 2 ☐XNo Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent'a Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Never worked none 17. Fether's Neme (First, Middle, Last) 18. Mother'a Name (First, Middle, Meiden Sumame) Be Charles M. Doyle Bertie Price Doyle 2 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 29303 Ravelles Neck Rd. West Over, Md. 21871 Alice Ashley, Sister 20b. Pieca of Disposition (Name of cametery, cremetory or other piece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 M Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Springhill Memory Garden 12-12-96 Hebron, Md. 21. Signeture of Funerei Service Licensee 22. Neme end Address of Facility Short Funeral Home, Inc. William 13 E. Grove St. Delmar, De. 19940 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch es cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate interval Betw Onset and Deeth **Physician** Immediate Ceuse (Finel diseese or condition resulting in death) /Medicai Ruemon Examiner Due to (or as e consequenca of): Physician/Medical Examiner attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Due to (or as a consequenca of) signed by the a d be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco usa contribute to the cause of death? Gravis, 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Geretal Retardation 24e. Wes an autopsy performed? Completed certificate has b lirector, page 2 s 1 Yes 2 No 1 Yes 2 No or Attending Physician: after death. Director: After this certifice 25. Wes case referred to medical examiner? Be 26. Placa of Deeth (Check only one) 2 Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 ☐ No 1 Impatient 2 ER/Outpetient 3 DOA funeral 28a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 -Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 ☐ Could not be To the Hospital or Atter within 24 hours after der To the Funeral Director completely filled in by th 3 Suicide 28e. Piace of Injury - At home, farm, straet, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Critifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete and place, end due to the cause(s) end menner stated. cal 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 105 Pine Bli Galikung cumpleted cause of death (Item 23e) (Type, Print) 30. Name and eddress of person Evangelista 1996 Jun Dunien Randell State Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

					y	Cer	tificate o	f Death		Reg. No.	96	405	75		
	B	18	1. Decedent's Neme (First, Middle	e, Last)					2. Dete of Dec	eth	Vana	3. Time of	Death		
	Physici /Media		WILLIAM T.				Dorm	an	December	Dey 21, 1	796	0703			
9	Examir		4a. Facility Name (If not Institution	n, give street end number)				4b. City, Town, or	Location of Deeth						
			PENINSULA REGI	CONAL MEDICA	L CENT	TER		SALISE		WIC	COMIC	0			
	Funeral		5. Sociel Security Number	6. Sex 7. Ag	e (In yrs. les	* .	If Under 1 Year Montha Dey			h /, Year)	9. Birthp	olece (Stete on	r Foreign		
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	hand w		10a. State 10b. County		10c. City,	Town or Lo	cation			10d. Inside City Limits					
	Man F	to	MD WICOM	TCO	OIIAI	NTICO			1 □ Yes 2 □						
	7 28 P	Director	10e. Street and Number		QUIL	11100	10f. Zip Code			10g. Citizen of	What Cour	ntry?			
	ter death with the Marylan Heme 23a or 28a-f show Ingr must be not fied at	alD	P.O. BOX 43				218	356		U.S.	Δ				
	Herne Ner m	Funeral	11. Meritel Stetus	12. Wea Decedent Armed Forces?	Ever In U,S.	13. V	Ves Decedent of	Hispenic Origin? (Suban, Mexican, Puer	Specify Yes or No-	14. Red		can Indien,			
Maryland 21215-0020	within 72 hours after death with the Maryland ene. than "natural", or items 23a or 28a-1 show ha Medical Example must be notified at	by	1 ☐ Never Merried 2 ☐ Merri 3 ☐ Widowed 4 ☐ Divorced		No		□Yes 2√□N		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Specif	y:				
5-0	72 ho	Completed	15. Decedent (Specify only highes			18e. Deced	lent's Usuel Occ	upation e during most of wo red)	ndeina	18b. Kind of B	usiness/In	dustry			
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and	od al	Be	17. Fether's Neme (First, Middle,						me (First, Middle,		ne)				
Z		2	WADE HAMPTON DO			19h Meilin	n Addrass /Stra	ANN LE et and Number or R	E POLLITI		State 7ir	Code)			
Ma	2 4 5 2		ELVA M. DORMAN					QUANTIC			, State, 24	(000)			
	Health tem 27 other tr		20e. Method of Disposition	(20b. Pled	e of Dispos	sition (Name of		Dete Dete	20c. Location	- City or To	own, State			
ê	Pages nent of i		1 Burial 2 □ Cremetion 4 □ Donetion 5 □ Other (Sp	3 ☐Removei from Stete			CEMETER		12/23	OTTANETT	30 16	D 010	- /		
Baltimore	permit. Pa Departmen important: any lojury ance.		21. Signature of Funeral Service I		n	77.1	. Neme end Add		12/23	QUANTICO, MD. 21856					
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	-		23a Part1. Enter the disease, or shock, or heart failure. List	complications that caused	the deeth.	Do not ente	er the mode of d	NERAL HOM ying, such es cardie	c or respiratory er	rest,	ш	Approximete Interval Betv	D WOOD		
d	Physician	3		0								Onset end D)eeth		
	/Medicai Examiner	Immediate Cause (Finel disease or condition resulting in deeth) e. Corona Differ Office e.													
		<u>_</u>	resulting in deem)		Due to (or e	s e conseq	uenca of):)			1				
	nsh nsh	Examiner		b			1								
Ć,	ificate be axecuted g physician and as the bural-transit	Exa	Sequentially list conditiona, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events		Due to (or e	s e conseq	uence ot):				i				
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Вох	the death cer y the attendin ached for use	Physician/M		d							1				
0.	e dea the at hed fo	sici	Pert II. Other stgnificant conditio	ns contributing to death bu	ut not resulti	ng in the un	derlying cause	given in Pert I.	23b. Dld t	obacco use co	ntribute to	the cause o	of death?		
P.O.	d by	Phy	Muller	J. Sinds	nto	it	ih	2006	101	res 2□ No	3 Pro	bably 4 🗆 t	Unknown		
ds,	signe d be	1 by				12/2		6.1/	040 11100		245 W	ere autopsy fi	la dia ac		
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Re	8 8 8	du							_	_		death?			
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of Vitai	Physician: The k this certificate ha	To Be	examiner?	Hospitel:	nt 2 🗆 E	VOutpatien	3 DOA	Wher	eth <i>(Check only</i> o Home 5 ☐ Resid		or (Specif	h.)			
0	g Phys er this eral di		27. Menner of Deeth	28e. Dete of trijur	y 28	3b. Time of	28c. In		28d. Describe h			77			
jo	Attending or death.	atlo	2 Accident 5 Pending	ation	/ Fear)	tnjury		Yes 2 No							
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	To the Hospital or within 24 hours after To the Funeral Dit completely filled in		29e, Certifier	Bhyololog, T- th- b	d ==== 1			Almost alma at the state of the							
	24 h 24 h Fun etely	edical	(Check only one)	g Physician: To the best of Examiner: On the basis of and menner ste	examinetion	n end/or inv	estigetion, in my	r opinion, deeth occi	e, end due to the d urred at the time, d	tate and pleca,	anner aa a and due to	the cause(s))		
	Nithin Fo the compl	Me	29b. Signeture and title of certifier			29c. Lice	nse number	T :	29d. Date signe	ed (Month,	Day, Year)				
h			1.07	2			(7407	110	121	4/14	(
		1	30. Neme end address of person v	who completed cause of de	eath (Item 2	3e) (Type, F	Print)			- 7	- '	4			
_			Steven	Heary	WW	(-113 6	duing 5	5. 5.	2021	N	1. 2	18 VI		
	Sta Registra	_	31. Dete tiled (Month, Dey, Year)	3 1996 32. Registre	or's Spnetty	an Ra	delle	,			1 ,)		

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 40576 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Dete of Deeth Month Dey Physician FLLITOT Bessie Pearl 23, Dec. 1996 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Memorial Hospital at Easton

Social Sacurity Number 6. Sex 7. Age (In yrs. lest birthday) Easton Talbot If Under 24 Hrs. Note of Birth (Month, Dey, Year)

April 23,1912 5. Sociei Security Number If Under 1 Year Birthplece (State or Foreign Country) **Funeral** 1□ M 21 F Months Days 84 Yrs. Director 216-09-6690 Maryland Usuel Residence of Decedent death with the Maryland 10e. Stete 10b. County r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director Maryland Talbot Easton 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21601 U.S.A. Pleasant 20 Mt. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2♥ No if Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Rece - American Indian, Bieck, White, etc. 11. Maritel Status permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or ite any Injury or other traumetic event, the Medical Examina. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Completed by Specify: 3√ Widowed 4 □ Divorced Yeer or Dates: White 16e. Decedent's Usuel Occupation 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) n 27 is marked other than "n trsumatic event Eiementery/Secondary (0-12) Coilege (1-4or 5+) Homemaker Owns Home 11 0 17. Fether's Neme (First, Middle, Last) Be 18. Mother's Neme (First, Middle, Meiden Sumeme) Theodore Carroll Richardson Mary Ann Steilkie 2 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Yvonne E. Wilson/Daughter P.O. Box 401 Easton, MD 21601 20b. Piace of Disposition (Neme of cemetery, cremetery or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Woodlawn Mem. Park 12/27 Easton, 21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility Fellows, Helfenbein & Newnam Funeral Home Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, or heart failure. List only one cause on each line. Physician roma-Post obstructive (or as a consequence of): Tatic Breast Cancer /Medical Immediate Cause (Final diseese or condition resulting in deeth) Examiner Physician/Medical Examiner The law requires that the death certificate be executed for use as the burial-tran Sequentielly list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury P.O. Box 68760, Breast Cances Merry thet initieted events resulting in deeth) Lest Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I, 23b. Did tobacco use contribute to the cause of death? Fractures 3 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No Records, ρ 90 Completed 24e. Wes an autopsy performed? Were autopsy findings available prior to cartificate has been DOJ completion of cause of deeth? 1 ☐ Yes ZENO of Vital tal or Attending Physician: Tres after death.

al Director: After this carificate ied in by the funeral director, pt Be 25. Wes cese referred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Inpatient 2 ER/Outpetient 3 DOA 2 1 Yes 200 Certification: 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division DEWeturel 5 Pending Investigation Injury 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homleide Hospital of 24 hours a Funeral D Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

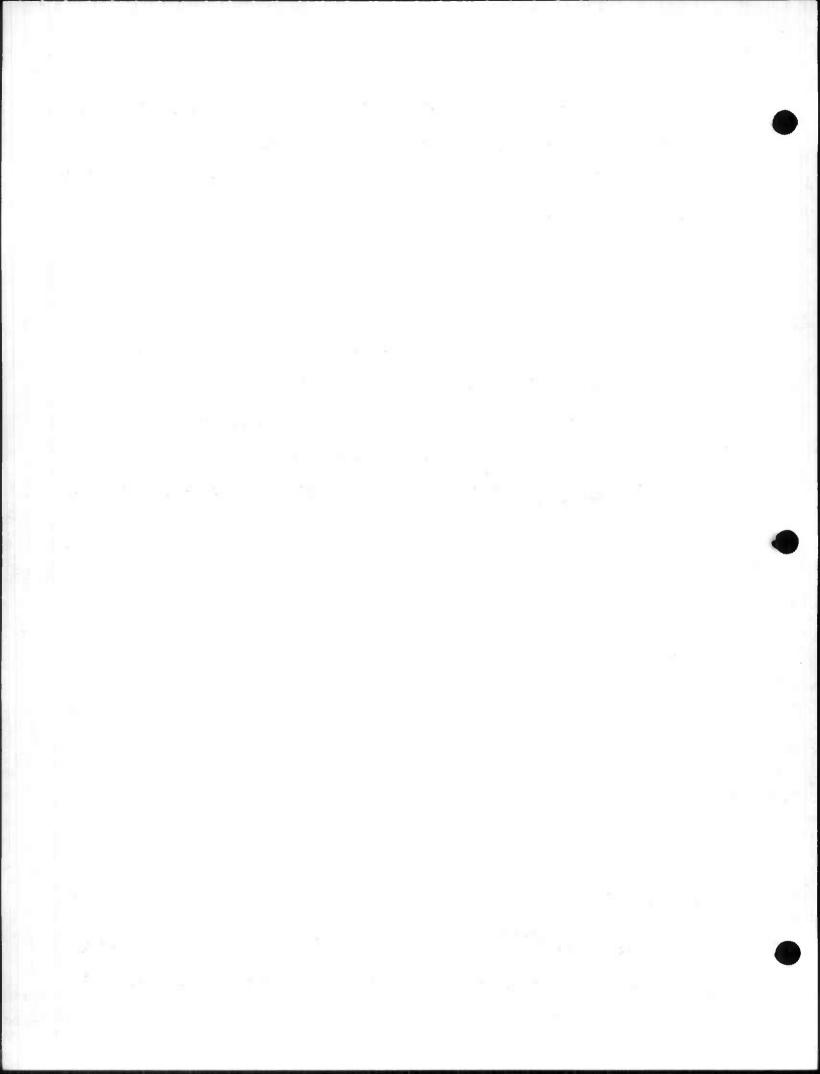
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signeture and title of certified 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Michael Lees, M.D., 606 Dutchman's Lane, Easton, Maryland 21601 31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture State

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State of Maryland / Department of Health and Mental Hygiene

12-25-1996

EASTON, MD. 21601

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		State of Maryland			lental Hy	/giene	96	4057	
	4 Danadantii Nama /Firek Middle Le		Certificate o	t Death		Reg. No.	20	,	
Physician	1. Decedant's Nama (First, Middla, La ELIZABETH	,	00		2. Date of D Month	Dev	Year	3. Time of Death	
/Medical	4e. Facility Neme (If not institution, give	DAWSON EKBEI	XG	4b. City, Town, or Lo		25, 19		6 A.M.	
Examiner	WM. HILL HEAL	The state of the s	7D	EASTON	Cation of Dea	th 4c. County			
Funeral	5. Social Sacurity Number 6. S		t birthday) If Under 1 Yes		8. Data of B			place (Stete or Fora	
Director	110-32-8261 Usual Rasidance of Decedant	□M 2127 F 88	Yrs. Months Dey	/s Hours Min.	MAR. 1	0,1908	NEW	YORK	
how how	10a. State 10b. County	10c. City, 7	Town or Location					10d. Insida City Limi	
h the Meryland r 28a-f show Loof and at	MARYLAND TALBO	T ST.	MICHAELS					1 □ Yas 2 X N	
Ole Br	10e. Streat and Number		10f. Zip Code	1		10g. Citizan of	What Cou	ntry?	
rai	7084 DRUM POIN		2166	53		U.S.			
inter deeth with the Mc ritema 23a or 28a-1 inter must be notified Funeral Directo	11. Maritel Status	12. Was Decedant Ever In U,S. Armed Forces?	13. Wes Decedant o	f Hispanic Origin? (Speuban, Maxican, Puerto	ecify Yes or N Rican, atc.)		ce - Ameri ck, Whita,	can Indian, , atc.	
by fit.	1 Never Married 2 Married 3 Never Married 4 Divorced	1 □ Yas 2 □ No If Yes, Give Yaar or Datas:	1 □ Yas 2 📉 N	lo Specify:		Specifi W	HITE	TE	
natural', deal Ex	15. Decedant's Ed (Specify only highast gra	ducation da completed)	16a. Decedant's Usuel Occ (Giva kind of work dor	cupation na during most of worki ired)	na	16b. Kind of B	usiness/ir	ndustry	
ygiene. ner than "naturint, the Medical Completed	Elamentary/Secondary (0-12)	College (1-4or 5+)			OWN I				
n - L	12 17. Fethar'e Name (First, Middia, Last		IOMEMAKER	18. Mothar's Nama	/Eirot Middle				
Sec S	ROBERT	DAWSON		JESSI	in a supplied				
Marks marks	19a. Informant's Name/Ralationship (LEWIS	p Code) 10023						
of Heelth and fittem 27 Is it other treu	SANDRA J. EKBER		165 WEST E						
physician hypothesis with the particular physician hypothesis with the physician hypothesis with hypothesis with the physician hypothesis with	23a. Part ¹ . Entar tha disaasa, or com shock, or haart tailura. List only tmmediata Causa (Final disaase or condition	Dications that caused the death. one cause on each line. PNEUMONIA	Do not antar tha moda of d	HARRISON in the standard of th			, MD	Approximate totarval Between Onset and Death	
Examiner	resulting in deeth)	a	s a consequance of):				i	DILLO	
in in		CEREBRO V	ASCULAR AC	CCIDENT			i	WEEKS	
physician and s the burial-transit dical Examiner	Sequantially list conditions, it any, leading to immadiata causa. Entar Underlying Cause (Disease or injury		s a consequance ot): BRILLATION	I			MONTHS I		
physician and sthe burial-tran	that initiated events rasulting in death) Last	C. Dua to (or as	a consaquanca ot):					MONTHS I	
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igned by be detected	G. I. BLE	EDING			1	Yee 2 No	3 Pro	bably 4X Unkno	
should should	DIARRHEA				24a. Wa peri	s an eutopsy formed?	C	/ara eutopsy findings vailable prior to ompletion of cause death?	
page 2					10	Yas 2 No		□Yas 2¶ No	
certificate rector, pag	25. Was casa rafarred to medical			26. Place of Deeth				2,00	
00	axsminar? 1 ☐ Yas 2 <mark>X</mark> No	Hospital: 1 ☐ Inpatiant 2 ☐ ER	/Outpatient 3□ DOA	Whar:		sidence 6 Ott	nar (Speci	fy)	
tion time	27. Manner of Death 1 XNatural 5 Panding 2 Accidant invastigation	(Month, Day Year)	b. Tima of Injury M 1	iury at /ork?	28d. Dascribe	how injury occur	rred		
2 2 2 E	3 Suicide 6 Could not b 4 Homicida datarmined	28a. Place of tnjury - At home building, atc. (Specify)	ı, tarm, street, factory, offic	e 2	28f. Location City or To	(Street and Numi own, Stata)	ber or Rur	al Routa Number,	
in 24 hou he Funer pletely fill edical	29a. Cartifiar 1 Certifying Ph (Check only one)	ysician: To the best of my knowle liner: On the basis of axamination and manner stated.	dga, death occurred at tha and/or invastigation, in my	tima, data and place, a y opinion, daath occurre	and dua to the ad at tha tima	cause(s) and m , data and placa,	annar as a	stated. o the cause(s)	
1 5 E	29b. Signature and title of certifier		ODo I low	nse number		29d. Date signe	d /4 /	Day Vees	

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30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

DEC 26 1996

31. Deta tiled (Month, Day, Year)

MICHAELS E. LEES, M.D. 606 DUTCHMAN'S LANE,

Registrar

State

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State of Maryland / Department of Health and Mental Hygiene 96 40578

					C	ertificate of	f Death		Reg. No.		10010
П	Disserts		1. Decedent's Name (First, Middla, Las	1)				2. Date of De	ath		3. Time of Death
ı	Physic /Medi		Rodney Ellis	5				Decem	her 18	1996	9:57 on
	Exami		4a. Facility Name (If not institution, giva		41.1.7	0	4b. City, Town, or Lo			y of Death	
1			University of 1	Varylano	Medical	Center	Psaltimore	MD	Balt	more	City
	Funerai Director		X17-00-0321	x 7. Ag	e (In yrs. last birthd 29 Yrs	Months Dave		8. Date of Bir Month, De	th Yaar 1967	9. Birthpled Country Mark	ce (Stata of Foreign
	and **		Usuet Residence of Decedent 10e. State 10b. County		10c. City, Town or	Location				104	I. Inside City Limits
	the Marylar 28a-f show	ō	Maryland Talk			ston				100	1 Vas 2 No
	the 1	Director	Mary and / a/b	01	L- 0.	10f. Zlp Code			10g. Citizen of	What Country	
	within 72 hours after death with the Maryland ena. than "natural", or items 23a or 28a-f show ra Medical Evantine must be not red at	0		hington	Storm		1001		rog. Citizen or	7/ 6	THE LAND
	Jeath Tre 2	Funeral	11. Maritel Status	12. Was Decedent I			Hispanic Origin? (Spe	cify Yes or No	- 14. Rac	ce - American	Indian.
0	r Her	F	1 Never Married 2 Married	Armed Forces?	No		Hispanic Origin? (Spe ben, Mexican, Puerto F	Rican, etc.)	Bled	ck, White, etc	
5-0020	al', o	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dates:		1 ☐ Yes 200 No	Specify:		Specify	y Blac	cK
5-0	n 72 hours "natural",	Completed	15. Decedent's Edu (Spacify only highast grad	cation	16a. De	cedent's Usuet Occu	upation		16b. Kind of B	ustness/Indus	stry
21	within ena.	nple	Elementary/Secondary (0-12)	College (1-4or 5	i+) if	,	a during most of workingd)	ig	11	41.1	
21	71 75 1 44	ပိ	12		La	b tech	Nician			spita 1	/
pu	d be filed intal Hygi ed other	Be	17. Father's Neme (First, Middla, Last)	,	59 4 . B		18. Mother's Name				
yla	Men Men Merke Merke	2		clair	ELLIS		Haze/	AR	vella (Camp	ere
Mar	and and is m		19a. Informent's Name/Relationship (7)		19b. M	ailing Address (Stree	et and Number or Rura	Routa Numb	er, City or Town,	State, Zip Co	ode) 21613
	f Health fem 27 other tr		William Sinch	air EL	Lis 1-0	hoptank	Court	Camb	20c. Location	Maky	land
Ore	8 5 2 0		20a. Method of Disposition 1 1 Burial 2 □ Cremation 3 □ F		20b. Place of Dis	sposition (Nema of rematory or other oil	ace)				
altimore	. Pa men tant: lury		4 ☐ Donation 5 ☐ Other (Specify)		Gum S	Swamp Cen	netery 1	1/24/96	Church	6 CRee	K, MD
Bal	permit. Pag Department Important: If any Injury o		21. Signature of Funeral Service Licens	Henry	7	22. Neme end Addr Henry F.	ress of Facility LINERAL HO	Me	ombrid	,	21613
			23a. Parti. Enter the disease, or complete the k, or heart feilure. List only of	ications that caused	the death. Do not	enter the mode of dy	ring, such as cardiac or	respiratory a	rrest,	A	pproximate iterval Between
q	Physician		V								nset and Death
	/Medical Examiner		Immediate Cause (Final disease or condition	a	noxic 1	orain 1	niury				6 days
П	LAGITITIO	J	resulting in death)		Due to (or as a con-		9 1			t	,
Т	Do #	line			Seizure					(o days
	and and I-tran	Examiner	Sequentiatly list conditions, if any, leading to Immediate		Due to (or as a cons	sequence of):	- 10				
60,	be ed lclan buria		cause. Enter Underlying Cause (Disease or Injury	S	brain v	nass					month
68760	ertificata be executed ling physician and e as the burial-transit	edicai	that initiated events resulting in death) Last	(Due to (or es e cons	equence of):					
×	E 0 0	2		J						i	
Bo	es that tha daath cer igned by the ettendin be detached for use	Physician/									
P.O.		ys	Part II. Other significant conditions cor		it not resulting in the	underlying cause g	iven tn Part I.				ne cause of death?
σ,	requires that tha		HIV/	AIDS				10	Yee 2 No	3 Probab	oly 4 ☐ Unknown
Vitai Records,	uires Ild be	d by	,					24a. Was	an autopsy	24b, Were	autopsy findings
OS		Completed							rmed?	avalia	ible prior to eletion of cause
Re	The law ate has b	E C								of dee	
ā	certificate rector, pag		25. Was case referred to medical			-			res 2 No	1 U Y	es 2 No
5		o Be	examiner?	lospital:		Ot 500 Ot	26. Place of Death				
ō	Phys rthis aral di	7	27. Manner of Death	28a. Dete of Injur	y 28b. Time		4 ☐ Nursing Hom		now injury occur		
O	ding th. Afte	ţ.	1 Naturat 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Day	Year) Injur	/ Wo	ork?]Yes 2∐No				
Division of	dea dea	fica	3 ☐ Suicide 6 ☐ Could not be	28e. Place of Inju	rv - At home, farm.	street, factory, office		8f. Location /	Street and Numb	per or Rural R	louta Number.
5	after Dire	Certification:	4 Homicide	building, etc	. (Specify)	on dot, idealy, embe		City or Tov	vn, Stata)		
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral	edical C	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	iclen: To the best of ner: On the basis of and menner stat	exemination and/or	ath occurred at the ti Investigation, in my	ime, dete and ptace, as opinion, deeth occurre	nd due to the d at the time,	causa(s) and ma date and ptaca,	anner as stete and due to the	rd. e cause(s)
	vithin To the	Me	29b. Signature and title of certifier	30.00		29c. Licen	se number		29d. Date signed	d (Month, Day	y, Year)
	- 7 - 0		Anila K	C.H.	1	5	581-21		Nor	18 1	996
,		}	30. Neme and address of person who co	meleted cause of de	eth (Item 23a) (Tun	e. Print)	20070		3000	00,1	
				20STAK	TYDT	OF SURA	ERY II	erech -	& Wand	and Alad	wal Ctr
F	Sta	te	31. Date filed (Month, Day, Year)	32. Registra	r's Stgneture	1.11	58626 ERY Univ	alhmore	MD	THE INCL	icui CII
	Registr	_	DEC 24 19	36 Juin	Stgneture	dally	,-				

State of Maryland / Department of Health and Mental Hygiene

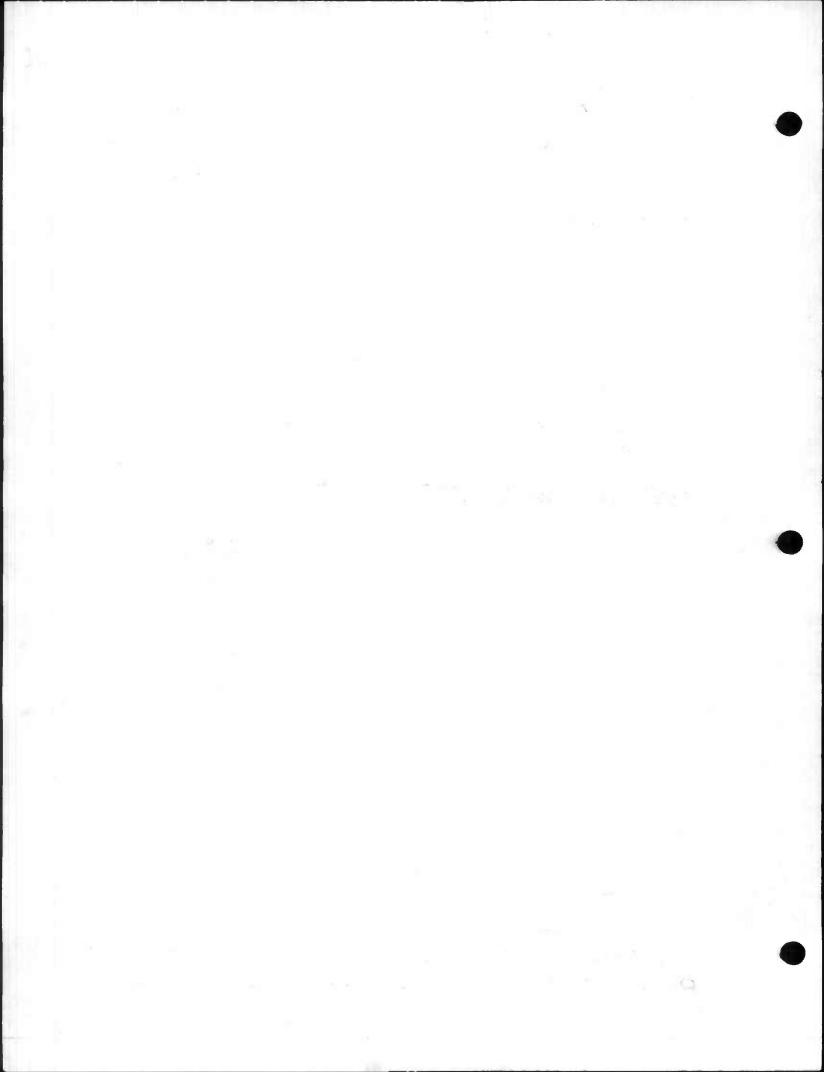
40579 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 3. Tima of Death **Physician** December 29, 1996 William Edward Engle 1:20 PM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** William Hill Health Care Center Cambridge Dorchester If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. Feb 12, 1913 5. Social Security Number 9. Birthplace (State or Foreign Country)
Maryland 6. Sex 1XXM 2□ F 7. Aga (In yrs. last birthday) **Funeral** 217-09-1461 Yrs 83 Director Usual Residence of Decedent 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at XX Yas 2 No Dorchester Director Maryland Cambridge 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Nams 23a or 703 Radiance Drive 21613 US Funeral 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, atc. 72 hours after 1 ☐ Yes 2 X Yo If Yes, Give Yaar or Datas: 1 Never Married Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 No Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within Hygiene. Eiementary/Secondary (0-12) Coilege (1-4or 5+) Retail Merchant Furniture/Appliances 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) h and Mental Is marked of Charles Engle Mary Bowdle 19e. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health at Important: If Item 27 is any injury or other trau once. Helen D. Engle 703 Radiance Drive Cambridge, Maryland 21613 20b. Placa of Disposition (Name of cometary, crematory or other place)

East New Market Cemetery 1/2/97 20a. Method of Disposition 20c. Location - City or Town, Stata WABurial 2 ☐ Cramation 3 ☐ Removal from State East New Market, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funarai Service Licensee 22. Nama and Address of Facility Thomas Funeral Home, P.A. 700 Locust Street Cambridge, Maryland 21613 23a Part . Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. Approximate Interval Betw **Physician** /Medical Accident immediate Cause (Final CEREBRAL VASCULAR weeks disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner ATHEROSCLEROSIS YEDRE The law requires that the death certificate be executed physician and the buriel-fransit Sequantially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ARTERY ALSEASE COROWARY þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? CONGESTIVE HEART F-AILURE page 2 HYPECTENSION 1 Yes 2 No 1 Yes 2 No certificate Hospital or Attending Physicien: '24 hours after death.
Funeral Director: After this certifica stely filled in by the funeral director, p 25. Was case referred to medical examiner? Be 26. Ptece of Death (Check only one) Hospitai: Other: 42 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 5 Pending 1 Neturel investigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Ptaca of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homiclde 24 hours a 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and piace, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, daath occurred at the time, date and piace, and due to the cause(s) and manner stated. To the Hospi within 24 hou To the Funer completely fil edicai 29e. Certifier 29b. Signature and title of certifian 29d. Data signed (Month, Day, Year) Mostows D-16609 DECEMBER 30, 1996 30/ Name and address of person who completed cause of death (item 23a) (Type, Print) MOSKEWIC 2 503 BYRN ST. CAMBRIDGE MD MICHAER Wb. 31. Date filed (Month, Day, Year) 32 Bogistrar's Signature 21613 State DEC 3 1 1996

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 1,0580

						Certific	ate of	Death	,	Reg. No.	20	40300
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	Funeral Director		5. Sociel Security Number 6. Sex 1 1	7. Age ((In yrs. lest bii	rthday) If Un Yrs. Mont	hs Days		8. Dete of Birl (Month, De 12/24/	1933	9. Birthp Coun Dela	place (State or Foreign ntry) Ware
and	ž.,		Usual Residence of Decedent 10a. State 10b. County	1	Oc. City, Tow	n or Location					1	0d. Inside City Limits
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death	me 2	Funeral		2. Was Decedent Ev	er in U,S.	13. Wes De		Hispenic Origin? (S en, Mexican, Puert	pecify Yes or No		lece - Americ	ean Indian,
Mary 1911 4 1 2 1 3 - 0 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	or rygierie. Id other than 'naturel', or frems 23s or 28s-f show event, the Medical Examiner must be notified at	b	1 ☐ Never Married 2 💢 Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☐XNo If Yas, Give Yeer or Dates:			specify Cub s 2 XNo		o Rican, etc.)		eileck, White, on the second s	
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arylan should be	marke martic	2	Robert Curtiss					Unkno				
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Description of the person of t	1 H H		1 MBuriel 2 ☐ Cremetion 3 ☐ Re	moval from Stete		f Disposition (in						
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² /M	vsician ledicai aminer	L	Immedieta Cause (Final disease or condition resulting in death) e.	Drone		consequence	of):	1100			رک	Interval Between Onset end Deeth
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	and **		Usuel Residence of Decedent 10a. State 10b. County		10c. City.	Fown or Location	n				10	Od. Inside City Limit
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020	72 hours after death with the Meryland natural", or Items 23a or 28a-f show steel Examiner must be noutled at	by Fur	1 Never Merried 2X Married 3 Widowed 4 Divorced	Armed Forces			specify Cu	Hispenic Origin? (Suben, Mexican, Puerlo Specify:	o Rican, etc.)	Ble Specif	ck, White, e	etc.
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21215-0020	within	Completed	(Specify only highest Elementery/Secondery (0-12)	College (1-4or	5+)	(Give kind of life. DO No.) Homema		e during most of worred)	rking	Own	Home	
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Maryland	s 1 end 2 should be filed f Health and Mental Hyg tem 27 Is marked othe other traumatic event,	To B	Carl Wright		Golda Green							
ary	2 shot and & and & shot		19a. Informent's Name/Reletionship	(Type, Print)	19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Ste							Code)
Baltimore,	permit. Pages 1 end 3 Department of Health Important: If Item 27 I any Injury or other tri once.		20a. Method of Disposition 1 Disposition 2 Cremetion 3 4 Donetion 5 Other (Spe 21. Signeture of Funeral Service Lice	city)	Drui		or other particle. Ceme	tery 1		ome, Inc	ore,	
	Physician		23e. Pert1. Enter the disease, or co shock, or heart feilure. List on		/	C 4112 Do not enter the	Old mode of dy	Columbia ying, such es cerdiad	Pike El	licott C		MD 21043 Approximete Intervel Between Onset and Deeth
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	ithin of the of the omple	M	29b. Signeture and title of certifier				29c Licer	nse number		29d. Date signe	d (Month D	lev Yearl

PATRYCE A. TONE, 31. Dete filed (Month, Day, Year) State DEC 3 0 1996 Registrar

29b. Signeture and title of certifier

MD 4565 HEMWOCK CONE WAY

32. Registrer's Signeture thi Savilson Revell

30. Name end eddress of person who completed cellse of deeth (Item 23e) (Type, Print)

MM

29c. License number D 31473

29d. Date signed (Month, Day, Year) Dec 30,1996

21042

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DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 40582 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month DEC. Physician 23 23 1996 7:40am FLETCHER KENNETH /Medical 4a. Fecility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CAROLINE DENTON WESLEYN HEALTH CARE CENTER 8. Date of Birth (Month, Day, Year) If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** Days Months 1 M 2 □ F Hours 70 16,26 Director 213-22-5510 APRIL MD. Usuai Residance of Decedent 10a. Stata 10b. County ahow 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23a or 28a-f ahov the Medical Examiner must be notified at Director 1 X Yas 2 □ No TALBOT CORDOVA MD. 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? RABBIT 30917 HILL RD. 21625 U.S.A. Funeral Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Bieck, Whita, atc. 11. Maritai Stetus 12. Was Decedent Ever in U,S. Armed Forcas filed within 72 hours after 1 ☐ Yes 2 ☐XNo If Yas, Giva Yeer or Datas: 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 BLACK 1 ☐ Yes 2 XNo Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b Kind of Business/Industry Hygiene. Collega (1-4or 5+) Elamantary/Secondary (0-12) parmit. Pages 1 and 2 should be filed with Department of Health and Mental Hygiene Important: if flam 27 ie marked other tha any injury or other traumatic event, the 100cs. 05 LABORER FARM 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Be SKINNER **JAMES EDWARD** FLETCHER ALICE 19a, Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) 30917 RABBIT HILL RD. CORDOVA, MD. 21625 REID/ SISTER MARIE 20b. Piece of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Crametion 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Other (Specify) CAPITOL CREMATORY 12/27/96 DOVER, DE 21. Sign of Funeral Service Licensee 22. Neme end Addrass of Fecility WILLIAMSON-FLUHARTY FUNERAL SERVICE 23a. Part1. Entar the diseasa, or complications that caused the deeth. Do not entar the mode of dying, such as cardiac or respiratory arrast,

Appl. 23a. Part1. Entar the diseasa, or complications that caused the deeth. Do not entar the mode of dying, such as cardiac or respiratory arrast,

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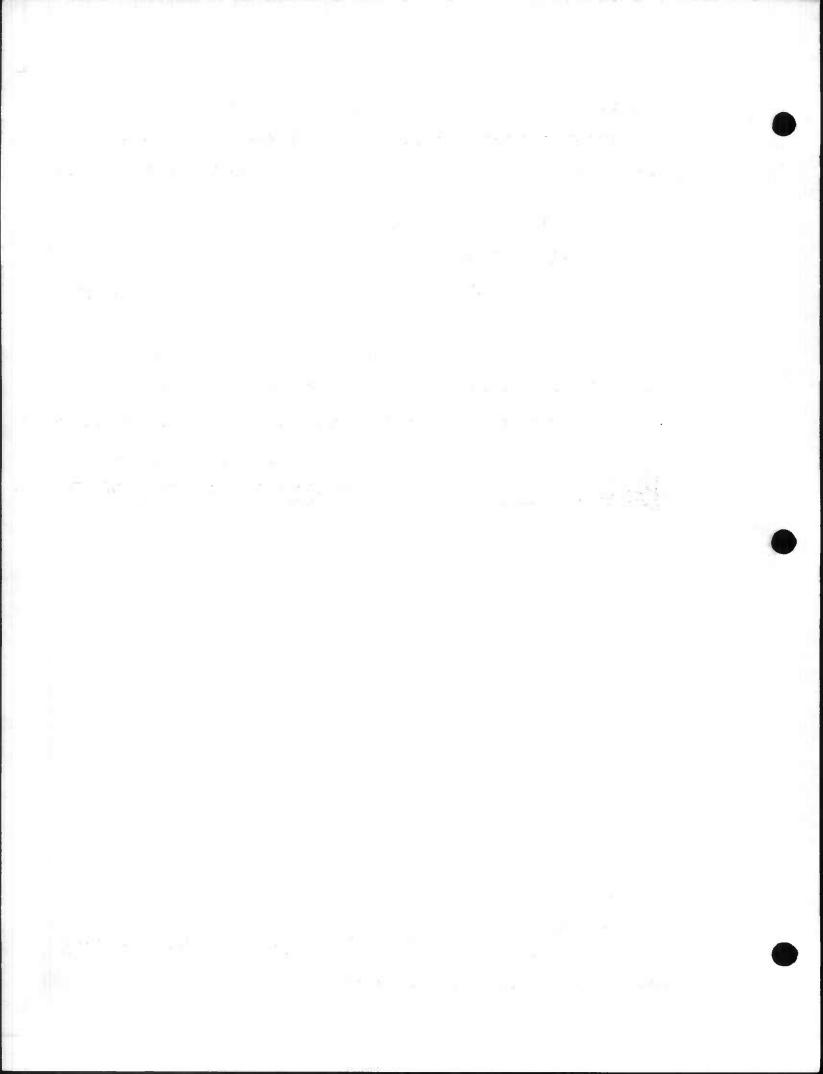
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Appl. 23a. Part1. Entar the diseasa, or complications that caused the deeth. Do not entar the mode of dying, such as cardiac or respiratory arrast, Approximata Interval Between Onsat and Death Physician /Medical Immediata Causa (Final canc week diseasa or condition rasulting in deeth) Examine Due to (or es a consequence of): Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if eny, laeding to immadiate causa. Enter Undarlying Causa (Disease or injury thet initiated events resulting in daath) Lest Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Completed by Physician/Medical Dua to (or as a consequence of). Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yae 2 No 3 Probably 4 Unknown Sipolar 24b. Wera eutopsy findings aveilable prior to completion of cause of death? 24a. Was en autopsy performed? 1 Yas 2 No certificate 1 ☐ Yas 2 ☐ No or Attending Physician: Be 25. Was casa referred to medical axaminar? 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 1 Yas 2 No Othar: 4 Nursing Homa 5 ☐ Rasidence 6 ☐ Othar (Specify) this 27. Menner of Deeth 28b Time of 28c. Injury at Work? 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred After 1 Neturel 5 Panding death. 2 Accidant invastigation 1 Yas 2 No after death n 24 hours after dea ne Funeral Directo pletely filled in by th 6 Could not be datarminad 3 Suicida 28e. Place of injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide Certifying Physician: To tha best of my knowledge, daeth occurred at tha tima, data and place, and dua to tha cause(s) and mannar as stated. cal 29a. Cartifiar To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medical Examinar: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end mennar stated. 29b. Signetura end till of certified 29c. License number 29d. Data signed (Month, Day, Year) ms Dec 23, 1996 30. Nama and address of person who complated cause of death (Item 23a) (Type, Print) JAMES E. COWIN P.O. BOX 660 DENTON, MD. 21629 31. Dete filed (Month, Day, Year) 32. Registrar's Signature

who Drydson-Randoll

2 7 1996

State Registrar



State of Maryland / Department of Health and Mental Hygiene

40583 Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Yeer Robert M. Fletcher Dec 22 1996 10:27 AM /Medicai 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Deer's Head Center Salisbury Wicomico If Under 1 Year If Under 24 Hrs.
Months Devs Hours Min. 5. Sociei Security Number 8. Dete of Birth (Month, Dev. Year) 2/28/38 9. Birthplece (State or Foreign Country) Maryland 6 Sex 7. Age (In yrs. lest birthday) **Funeral** Deys 157M 2□ F 58 Yrs Director 218-34-9809 10e. Stete 10b County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 ☐ No Director Delaware Kent Dover 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 Clarence Street 19901 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give X. Yeer or Dates: 11 Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bieck, White, etc. 1 ☐ Never Merried 2 ☑ Married 1 ☐ Yes 2 No Specify: by Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade com, 16b. Kind of Business/Industry completed) Elementery/Secondary (0-12) College (1-4or 5+) Bus Driver Bus Operation 12th 17. Fether's Neme (First, Middle, Last) 18. Mothar's Neme (First, Middle, Maiden Surname) Be Milbourne Fletcher Leola Farrare 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Kathleen H. Fletcher, Wife 6 Clarence St., Dover, Delaware 19901 20b. Pleca of Disposition (Name of cematery, cremetory or other pleca) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from State Washington Cemetery 12/28/96 Hurlock, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service License 28 Name end Address of Fecility Bennie Smith Funeral Home 23. Part 1. Enter the research complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or he in failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediete Ceusa (Final diseese or condition resulting in deeth) Pneumonia 2 Davs Examiner Due to (or es a consequence of): Examiner Persistent Vegatative State 11 / 94 The law requires that the death certificate be executed burial-transit Sequentielly list conditions, if eny, leeding to immedieta cause. Enter Underlying Cause (Disaese or Injury that Infliated events resulting In deeth) Lest and Due to (or as a consequence of): Box 68760, physician c Cerebral Anoxia 11 / 94 Physician/Medical the Due to (or es e consequence of): attending Myocardial Infarct 11 / 94 signed by the at d be detached to Pert II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ should Completed 24b. Were autopsy findings evailable prior to completion of cause of death? 24e. Wes en eutopsy performed? has certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physicien: after death. Director: After this certifica Be 25. Was case referred to medical exeminer? 26. Place of Deeth (Check only ona) Hospitel: 1 ☐ InpatIent 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 Yes 2 No Other: 4 Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 28e. Dete of Injury (Month, Dey Year) 27. Mennar of Death Certification: 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 MNatural 2 Accident 1 Yes 2 No the 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 24 hours after de Funerel Directo pletely filled in by to 28e. Piece of Injury - At home, ferm, straat, factory, office building, etc. (Specify) 4 Homlcida 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, deta and piace, end due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, daeth occurred at the time, deta end place, and dua to the causa(s) end mennar statad. Medicai 29e. Cartifier To the Hosp within 24 ho To the Fune completely f (Check only one) 29b. Signature and title of certifier 29d. Dete signed (Month, Day, Year) 96 A Nulamy MD CMD 30. Nema end edgress of person who complated cause of deeth (Itam 23a) (Type, Print) Dr. V.A. Dulany; P.O. Box 2018; Salisbury, Md. 21802 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State "in Trigdson-Randell Registrar 2 6 1996

State of Maryland / Department of Health and Mental Hygiene

96 40584

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more,	of Hee		20a. Method of Disposition		20b.	Piece of Dispo	osition (Nem	e of	ne)		Dete	20c. Locatio	n - City or To	own, Stete			
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State of Maryland / Department of Health and Mental Hygiene Q 5

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	ehow ed at	2	10a. Stete 10b. County				r Location							City Limits		
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	Vith P or	ក់	10e. Street and Number					Zip Code				of What Cou	ntry*/			
	ath 23	ara	44057 Fieldston		E . 1. 14	0		20619				S.A.				
020	be filed within 72 hours efter death with the Maryland tal Hygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be incitied at	by Funeral	11. Mentel Stetus 1 □ Never Merried 2 □ Merried 3 ☒ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 X If Yes, Give Yeer or Detes:		,S.			dispenic Origin? (Sen, Mexican, Puerl Specify:	ipecity Yes or No to Rican, etc.)		Rece - Ameri Bleck, White, ecify: Whi	etc.	,		
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Ba	permit. Pege Department of Important: If eny Injury or once.		19a. Informant's Neme/Reletionship (Type, Print) Susan W. Fletcher 20e. Method of Disposition 1 Burial 2 M Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) 21. Signature Funerel Styles Lieutee Edward N. Brinsfield, Jr., M00052 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not entar the mode of dying, such as cardlec or respiratory arrest, into the shock, or heart fellure. List only one ceuse on each line.													
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ion of	Ing ing		27. Manner of Death 1 A Natural 5 Pending 2 Accident investigation	28a. Dete of Inju (Month, Da	y Year)	28b. Tim Inju		28c. Injui Wor 1 🗆	y et rk? Yes 2 □ No	28d. Describe	how Injury o	ccurred				
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State of Maryland / Department of Health and Mental Hygiene

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-	Dhyaia		1. Decedent'a Name	(First, Middle, I	Last)							2. Dete of D	eeth Day	Year	3. Time of Death
	Physici /Medi		Elizabeth	Anne		Fot	hergill					December	r 29, 1996	1	9:45 AM
	Exami		4a. Facility Neme (If	not institution, g	give <i>street</i> end n	umber)				4b. City, To	own, or Lo	cation of Dee	th 4c. County	of Deeth	
			St. Mary's		Center					Leonar			St. M	, ,	
	Funeral		5. Social Security No		Sex 1□M 2☑F	7. Age (In yrs.	• • • • • • • • • • • • • • • • • • • •	If Under 1 Months	Year Deys	If Under Hours	Min.	8. Date of Bi (Month, D	irth ay, Year)	9. Birth	place (State or Foreign ntry)
	Director		263-05-621		10 M 2MP	79	Yrs.						r 1, 1917		
	pue *		Usual Residence of 10a, State	10b. County		10c. Ci	ity, Town or Lo	cation							10d. Inside City Limits
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	ith with the Maryle 23e or 28e-f show							= 12.4					10g. Citizen of		
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220	urs af	by	3 🖾 Widowed	_	If Yes, G Year or	ive	1	I□Yes 2	No.	Specify	*		Specif		ite
Maryland 21215-0020	2 should be filed within 72 hours after death with the Maryland and Mental Hyglena. In marked other than "natural", or flerna 23a or 28a-f show aurmatic event, the Medical Examiner routs be notified at			15. Decedent'a	Education		16a. Deced	lent's Usual kind of work	Occup	pation			16b. Kind of B		
215	7 oir	Be Completed	(Speci		grade completed	(1-4or 5+)	(Give	kind of work OO NOT use	done retire	during mo:	st of worki	ng			
21	d withir	E	12	idary (0-12)	College	(1-40/5+)	Civ	il Serv	ant				Defense		
Pu	2 should be filed and Mental Hygl is marked other sumstic event, is	Se C	17. Father's Name (First, Middle, La	st)					18. Moth	er's Name	(First, Middle	, Meiden Surnar	ne)	
/lai	Aents Aents rked fic e	ToE	Edward Shr	yock						C	atheri	ne McCul	Llough		
an	d 2 should th and Mer 7 is marks traumatic		19e. Informent's Na	me/Reletionship	(Type, Print)		19b. Mellin	g Addreas (Street	and Numb	er or Rura	I Route Numi	ber, City or Town	State, Zij	o Code)
	and alth		RIta Porte	rfield			23070	Town C	ree	k Driv	e, Lex	ington 1	Park, Mary	land 2	20653
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Ś	as the	by	17	C C 14	prince	Clo Q	Dear	SON							
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Division of Vital Records, P.O		Be C	25. Was case referre	ed to medical						26. Plac	e of Death	(Check only	one)	J	
1	5 00	To	examiner?	Vo.	Hospital:	Inpatient 2	ER/Outpatien	t 3 DOA	Oth	her: 4XN	ursing Hor	me 5□Res	idence 8 Ott	ner (Speci	fy)
0	ifing Phys h. After this funeral d		27. Manner of Death	5 Dendina	28a. Date	of Injury oth, Day Year)	28b. Time of Injury	286	. Inju				how Injury occur		
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	To the Hospital or Attend within 24 hours after deatl To the Funeral Director: completaly filled in by the	edical Certification:	29a. Certifier (Check only	Certifying F	hysician: To the	e best of my kno	wiedge, deeth	occurred at	the ti	me, dete ar	nd place, s	and due to the	cause(s) and m date and place,	anneraa	stated.
	the H in 24 the F	8	one)	_	and mai	nner steted.	stion and/or my	esugetion, ii	i my c	opinion, des	ath occurre	ed at the time	, date and place,	and due t	o the cause(s)
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				K	(Don't	W M	0	D	190	152			12/	30/	26
	5	Î	30. Name and eddre	ss of person who	o completed cau	ise of death (Iter	m 23a) (Type, I	40.0							
_(13)		John Benne	tt, M.D.		Cali	fornia,	Marylar	nd 2	20619					
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	Registr	ar		EC 31	1996	elia d'avec	lust-Rarde	ill							
DH	MH 16 Rev 6/9	5			0										

State of Maryland / Department of Health and Mental Hygiene

40587 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Daath Month Day Day Year December 28, 1996 **Physician** Pauline Lilian Guarente 9:15 am /Medical 4e. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner St. Agnes Hospital Baltimore Baltimore 5. Social Security Number If Under 1 Year | if Under 24 Hrs. 8. Date of Birth (Month, Dey, Mar 13, 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys Hours 1 M 2 X F Yrs. Director 197-14-4245 70 1926 Pennsylvania Usual Residence of Decadent the Maryland 10a State 10b. County 10c. City, Town or Location or 28a-f show 10d. Inside City Limits 1 Yes 2 No Director Baltimore Baltimore 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 0 8 with ma 23e 3320 Benson Avenue 21227-1035 USA Funeral death Herrs . 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ဩNo If Yes, Give Year or Dates: Wes Decadent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, Whita, atc. 11. Marital Status r than "natural", or item the Medical Examiner filed within 72 hours after 1 Never Married 2 Married 21215-0020 1 Yes 2 No Specify: þ Specify: White 3 Widowed 4 □ Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry Etamentary/Secondary (0-12) College (1-4or 5+) Grade 12 Sales Clerk i. Peges 1 and 2 should be filed w tment of Health and Mental Hygien tent: if item 27 is marked other th jury or other traumatic event, in Fabric Store altimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumeme) Be Paul Custer Anna Schell 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, State, Zip Coda) Department of Health a Important: If Item 27 is any Injury or other trait 7996 Aladdin Drive, Laurel, Maryland 20723 Alfreda Martino daughter 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Steta 1 ☐ Burial 2 X Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 12/30 Catonsville, Maryland 22. Name and Address of Facility
Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389 or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or raspiratory arrast, List only one cause on each line. Approximata Interval Between Physiclan /Medical Immediata Cause (Final disaase or condition rasulting in death) Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disaese or trijury that Initiated events resulting in death) Last the buriel-tran Division of Vital Records, P.O. Box 68760, signed by the attending physician Physician/Medical Due to (or es e consequence of) USB BS Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 → Unknown þ 8 24b. Were autopsy findings available prior to Completed 24e. Was an autopsy performed? peen completion of cause of death? certificate has 1 Yes 2 No 1 Yes 2 TNo or Attending Physicien: Be 25. Was casa referred to medical examiner? 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 Hospital: 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA After this 27. Manner of Death Date of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Naturai 5 Pending Investigation death. 1 Yes 2 No 2 Accidant efter death 6 ☐ Could not be 3 Suicide in by t 28e. Plece of Injury - At home, farm, street, factory, office building, atc. (Specify) Location (Street end Number or Rural Route Number, City or Town, State) 4 | Homicida within 24 hours of To the Funeral I edical 29a. Cartifian 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and mannar as stated.

2 Medical Examinar: On the bests of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and mannar stated. (Check only one) 29b. Signature and titla of pertifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who complated causa of death (itam 23a) (Type, Print) MANQ MALOR W. Hegistrar's Signature 31. Date filed (Month, Day, Year) State Registrar

State of Maryland / Department of Health and Mental Hygiene

40588 Certificate of Death 1. Dacedant's Nama (First Middle Lest) 2. Data of Death 3. Tima of Death ^{Day} 23,1996 **Physician** Month Catherine Jeanette Galeano December 1:50PM /Medicai 4a. Fecility Nema (If not institution, giva street end number, 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Physicians Memorial Hospital La Plata Charles 5. Social Security Number if Under 1 Year If Undar 24 Hrs. Hours Min. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Birthplaca (Stata or Foreign Country) **Funeral** Months Days 1 ☐ M 2 ☑ F 79 Yrs Director 578-10-3870 3, Jan. Washington DC Usual Rasidanca of Dacedani the Maryland th and Mental Hygiene.
7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examiner must be inclined at 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits Director Maryland 1 ☐ Yas 2 XNo Charles Waldorf 10e. Street end Number 10f Zip Code 10g. Citizen of What Country? 1600 Boarman Ct. 20602 USA Funeral filed within 72 hours after death 12. Was Decedant Evar in U,S. Armed Forcas? Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 11. Maritel Status 14. Raca - Amarican Indien, Black, White, atc. 1 Navar Marriad 2 Married 1 ☐ Yas 2 No If Yas, Giva Year or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ Moio Specify à Specify: White 3₺ Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Sales Clerk Retail Sales 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be Pages 1 and 2 should be from of Health end Mental I int: If Item 27 Is marked of George Branson Muriel Bertha Brown 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rurel Routa Number, City or Town, Stata, Zip Code) Regina Allen - Niece or other 1 1600 Boarman Ct., Waldorf, MD 20602 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, State 1 Surial 2 Cremation 3 Ramoval from State Department of Important: If any Injury of 12 - 26Washington National Suitland, MD 4 Doneti 5 Othar (Specify) 21. Signat Funara) Sarvige Lice 22. Name end Addrass of Facility Huntt Funeral Home, Inc.

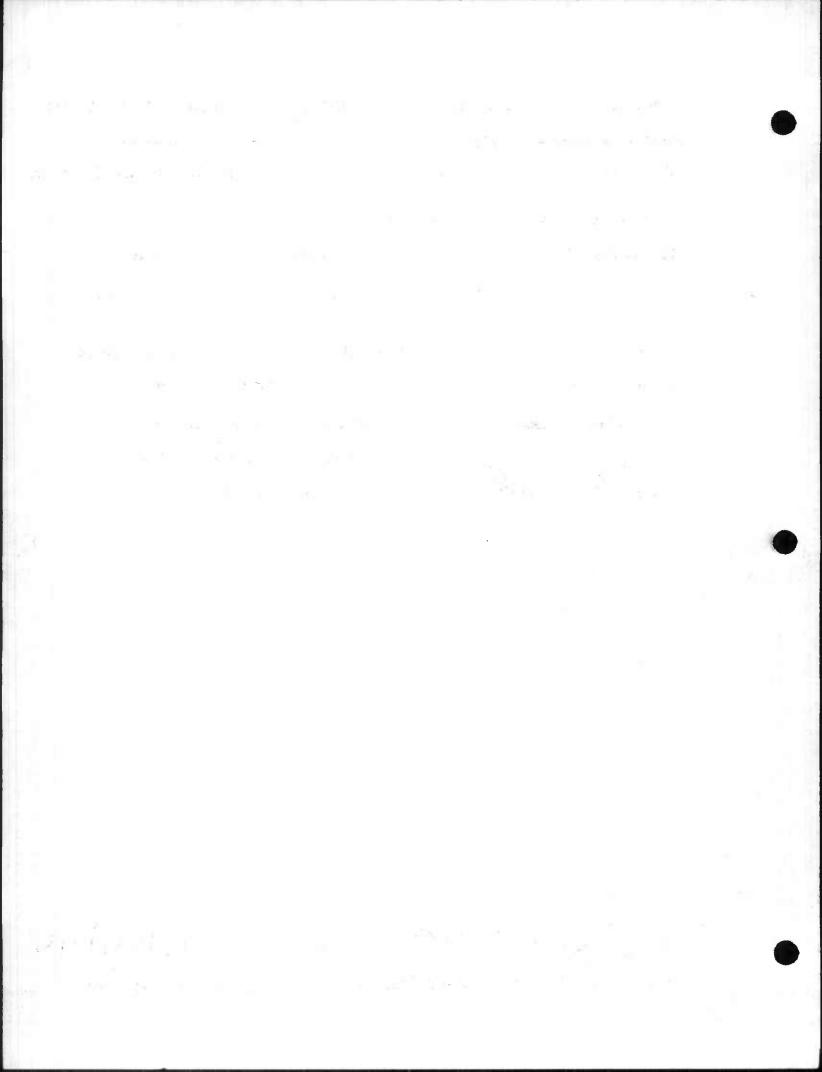
G. Brohawn M0005 P. O. box 156, Waldorf, MD 20604-0156

or haart failura. List only one cause on each line.

Huntt Funeral Home, Inc.

P. O. box 156, Waldorf, MD 20604-0156

A Approximata IntarvsI Batwee Onset and Dee **Physician** /Medicai Immediata Causa (Final diseasa or condition rasulting in death) Examiner Dua to (or as a consequence of): Examiner The law requires that the death certificate be executed the burial-transit Sequantially list conditions, if eny, laading to immadiata cause. Entar Underlying Causa (Disasse or injury that initiated avants rasulting in daath) Last Dua to (or as a consectrence of) of Vital Records, P.O. Box 68760. Physician/Medicai Dua to (or as e consequence of) USB BS ate has been signed by the e page 2 should be detached to Part II. Other significant conditions contributing to death but not resulting in the undarlying causa givan in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Be Completed by 24b. Wara sutopsy findings avsilable prior to completion of causa of daath? 24a. Was sn autopsy performed? certificate 1 Yas 2 No 1 ☐ Yas 2 ☐ No or Attending Physicien: Was casa axaminar Yas No 25. Was casa raterred to madical 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidanca 8 Othar (Specify) P 1 Inpatiant 2 ER/Outpatient 3□ DOA After this In by the funeral 27. Manylar of Deatl Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred Certification: 28b. Tima of 28c. Injury at Work? Division 1 Natural 2 Accident 5 Panding Invastigation s after death. 1 ☐ Yas 2 ☐ No 6 Could not be datarmined 3 Sulcide 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 \(\text{Homicide} \) To the Hospital o within 24 hours aff To the Funeral Di filled Medical 29a, Cartifian 🗹 certifying Physicisn: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as statad. completely 2 | Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature ed title of certifie 29c. License number 29d. Data signed (Month, Day, Yan -2062930. Nama and addrass of person ho completed cause of death (tem 23a) (Type, Print) George Wather HD 11345 Pembrooke Square, Suite 103, Waldorf, Maryland 20603 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura State Registrar DEC 2



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Ammended#9a,12/4/96,dlb,St. Mary's 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death. Day **Physician** 2355 WG 1 nes Proce 29 /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Anne Arundel AFREET Medical = Conter Medical Center Annapolis Anne Arundel If Under 1 Year Months Days If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dey, Year) 5. Social Security Number 6 Sex 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2♥F 34 February 23, 1962 Director 215-62-2567 Maryland Usual Rasidance of Decedant with the Maryland 10a, Stata 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examinat must be notified at 1 ☐ Yes 2 ☐ No Director Maryland Arnold Anne Arundel 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1179 White Coral Court 21012 United States Funeral death 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, 11. Marltai Status Biack, White, atc. filed within 72 hours after 1 ☐ Yes 2 ☑ No If Yas, Give Yaar or Datas: 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: Specify: þ 3 Widowed 4 Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilega (1-4or 5+) 12 Housewife N/A other permit. Pages 1 and 2 should be filed Department of Health and Mental Hygi Important: if item 27 is marked other any Injury or other treumatic event, 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maldan Sumama) Be Stephen Filyo, Sr. Gail Baker 19a. Informant's Name/Reletionship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 1179 White Coral Court, Arnold, Maryland 21012 William G. Gardiner, Jr. Husband 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burlai 2 ☑ Cramation 3 ☐ Ramoval from Steta 4 ☐ Donation 5 ☐ Othar (Specify Metropolitam Crematory 12-2-96 Alexandra, Virginia 22. Name and Address of Facility
Brinsfield Funeral Home, P.A. any fr Edward N. Brinsfield. M00052 P.O. Box 279, Leonardtown, Maryland 20650 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death Physician Immediata Causa (Finai disaasa or condition rasulting In daath) /Medical Examiner Examiner the death certificate be executed attending physician and for use as the burle-Iransit Sequentially list conditions, if any, leading to immadiata cause. Entar Underlying Cause (Disaasa or Injury that initieted events rasulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) the detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown by 8 24b. Wara autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed Deen has page 2 2 No 1 Yas 2 No 1 Yes director, 25. Was casa referred to medical axaminar? Be 26. Placa of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) ဥ 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of Injury 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: After Attending 1 Watural 5 Panding Invastigation death. 1 Yas 2 No i or Attendi after death. 2 Accident the 6 Could not be datermined 28f. Location (Street and Number or Rural Route Number, City or Town, Stefa) 3 Sulcida 28a. Place of tnjury - At homa, farm, streat, factory, office building, atc. (Specify) completely filled in by 4 Homleide To the Hospital (within 24 hours all To the Funeral Di 29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. Medical 29b. Signature and thie of certifia 29c. Licensa number 29d. Date signed (Month, Day, Year) (Ham 23a) (Typo) Print) Ave Sent 201 32. Registrar's Signatura State 1996 Registrar

State of Maryland / Department of Health and Mental Hygiene 96

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			A.D. Shah, M.D).	Leona	rdtown	, Mar	yla	nd 206	550					
	Sta	te	31. Dete filed (Month, Day, Year)	32. Beg	istrar's Signa	tura Ros	9 65								
	Registr	ar	DEC 19	1996 3	in attente	mar Way	= I'								

State of Maryland / Department of Health and Mental Hygiene 40591 Certificate of Death 1. Dacedant's Nama (First, Middle, Last) 2. Data of Daath 3. Tima of Death Day **Physician** Month Yaar Anna Elizabeth Griffith December 19 96 /Medical 4a. Facility Nama (If not institution, giva straet and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** The Memorial Hospital Easton Talbot If Under 1 Yaar If Under 24 Hrs. 8, Data of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Birthpiaca (Stata or Foraign Country) 1 M 2 XF Yrs. 220-03-4489 85 Director November 20, 1911 Maryland Usual Rasidanca of Dacadant Pages 1 and 2 should be filed within 72 hours efter death with the Manyland nent of Health and Mental Hygiene. 10a. Stata Show 10b. County 10c. City, Town or Location 10d. Insida City Limits traumatic event, the Medical Examiner must be notified at N Yas 2 No Directo 28a-f Maryland Caroline Denton 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ò or items 23a 215 Maryland Avenue Funeral 21629 United States 12. Was Dacadant Evar in U,S. Armed Forcas?
1 ☐ Yas 2 XNo Was Dacedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Navar Marriad 2 ☑ Married 21215-0020 If Yas, Giva Year or Datas: 1 ☐ Yas 2 ☐ No Specify: Completed by 3 Widowad 4 Divorced Caucasian "natural" 15. Dacadant's Education Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry (Specify only highest grade completed) nd Mental Hygiene. merked other than Clothing Apparell Elementery/Secondary (0-12) Collega (1-4or 5+) 11 HS Grad. Owner/Operator Store Baitimore, Maryland 17. Father's Nema (First, Middle, Lest) 18. Mothar's Name (First, Middle, Meiden Sumame) Be Charles Edward Mitchell 2 Laura Anne Porter permit. Pages 1 and 2 should Department of Health and Me important: if item 27 is mark any injury or other traumetions. 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) Roland P. Griffith Husband 215 Maryland Avenue, Denton, Maryland 21629 20a. Method of Disposition
1☐ Burlal 2☐ Cramation 3☐ Ramoval from Stata 20b. Place of Disposition (Name of cametery, crematory or other placa) 20c. Location - City or Town, Stata 4 ☐ Donetion 5 ☐ Other (Specify) Denton Cemetery 12/23 Denton, Maryland 21. Signature of Fyraral Septice Vicensee 22. Nama and Addrass of Facility Moore Funeral Home, P.A. RE PO Drawer B, Denton, Maryland 21629 23a. Part1. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death **Physiclan** /Medical Immadiata Ceusa (Finai erebral Hemorrha 4hrz disaase or condition resulting in daath) **Examiner** Due to (or as a consequanca of) Examiner tensian or Attending Physician: The law requires that the death certificate be executed the burial-transit Sequantielly list conditions, if any, laading to Immadiata causa. Enter Underlying Causa (Disaase or Injury thet Initiated evants rasulting in daath) Last and Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the a should be detached 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 2 18 No certificate 1 Yas 1 ☐ Yas 2 ☐ No Be 25. Wes casa raferred to medical axaminar? 26. Place of Deeth (Check only one) 2 1 Yas 2 No Othar: 4☐ Nursing Homa 5☐ Rasidanca 6☐ Othar (Specify) 1 Inpatiant 2 ER/Outpetiant 3 DOA if Director: After this ed in by the funeral d After this 27. Menner of Death 28e. Deta of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? Medical Certification: 5 Pending investigation death. 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicida 6 ☐ Could not be determined 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida within 24 hours aft To the Funeral Di completely filled in To the Hospitai Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

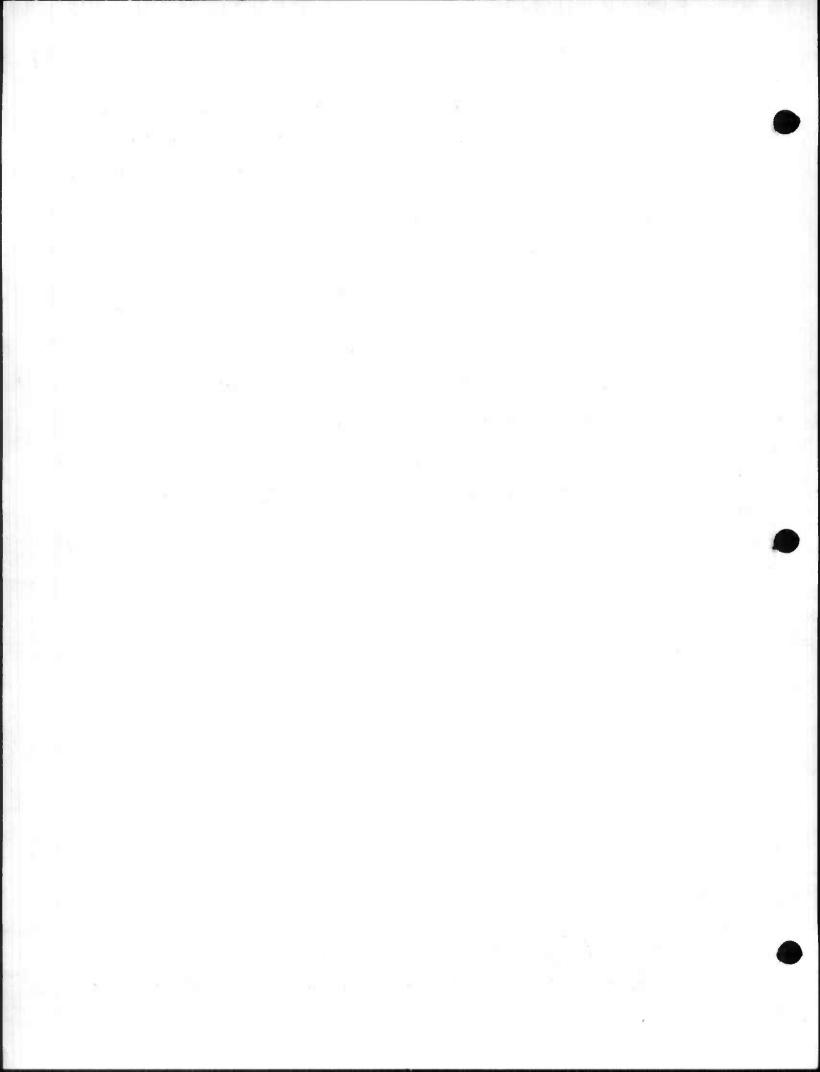
| Medical Examiner: On the basis of exeminetion and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(s) and mannar stated. 29a. Certifian 29b. Signature and titia of certifie 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name and address of person who complated cause of daath (Itam 23a) (Type, Print) Jeffrey Denton, M.D., 332 North Main Street, Federalsburg, Maryland 31. Data filed (Month, Day, Year) 32. Ragistrar's SIgnatura State

aviden-Randoll

DHMH 16 Rev 6/95

Registrar

'96



State of Maryland / Department of Health and Mental Hygiene

1,0592

Physician
Physician
/Medical
Examiner

Funerai Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examinet must be notified at another.

Baltimore, Maryland 21215-0020

Physician /Medicai Examiner

To the Hospital or Attending Physician: The law requires that the death certificata be assocuted within 24 hours after death.

To the Funeral Director: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be datached for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

	Certificate of	Death	Reg. No.	20	40092
	Decedent's Neme (First, Middle, Last)		2. Dete of Deeth	Q ==	3. Time of Deeth
n si	Alice Beverly Swain Gardner		Dec. 20,	1996	0605
41 2 1	4e. Fecility Neme (If not institution, give street end number)	4b. City, Town, or L	ocation of Deeth 4c. C	ounty of Deeth	1
	Dorchester General Hospital	Cambr	idge	Dorch	ester
	5. Sociel Security Number 219-34-3269 6. Sex 1 M 2 F 7. Age (In yrs. lest birthdey) Months Dey Usuel Residence of Decedent		8. Dete of Birth (Month, Day, Year) Apr 21, 193	9. Birti Cot De	npiece (State or Foreign unity) Laware
	10e. State 10b. County 10c. City, Town or Location				10d. inside City Limits
Ö	Maryland Dorchester Cambrid	dae			1 Yes 2 No
200	10a. Street end Number 10f. Zip Code		10g. Citize	n of What Cou	untry?
Funeral Di	202 Oakley Street 2	1613		U.S.	Α.
ner		Hispanic Origin? (Sp ban, Mexican, Puerto	ecify Yes or No-	. Rece - Amer	
	Armed Forcas? 1 Never Married 2 Merried 1 Yes, 2 No 1 Yes, Give 1 Yes 2 No 1 Yes Give 1 Yes 2 No			Bieck, White	White
Completed by	15. Decedent's Education 16a. Decedent's Usuel Occ	upation	16b. Kind	of Business/li	
pie	Elementery/Secondery (0-12) College (1-40r 5±)				
0	12 Bank Te	ller	В	ankin	g
99	17. Fether's Neme (First, Middle, Last)	18. Mother's Nem	e (First, Middle, Malden St	ı <i>m</i> eme)	
0	Thayer Swain	Agne	s Wright L	eComp	te
	19a. Informent's Neme/Reletionship (Type, Print) Daughter 19b. Meiling Address (Street			_	
	-	y St., C			
	Burial 2 Cremetion 3 Removel from State				
			712-23 Eas	t New	Market, MD
	22. Neme end Add Curran-B	romwell	Funeral Ho	me, P	.A.
_	Miller Harat (Semwell 308 High	St., Ca	mbridge, M	D 21	
	the control of the disease of complications that caused the death. Do not enter the mode of disease of heart failure. List only one ceuse on each line.	/ing, such es cardiec	or respiretory errest,		Interval Between
	immediate Ceuse (Final	0 .		1	
	disease or condition resulting in deeth) Acute Respiratory Arr	est 2 t	o Bronchus	pasm	40 mln.
e	States, challes of a second			1	M i a contra a m
				- !	minutes
Ĭ	if any leading to immediate				
ICal	cause. Enter Underlying Cause (Disease or injury thet initieted events resulting in deeth) Lest Due to (or es e consequence of):				
Mec				1	
lan	u				
310	Pert If. Other significant conditions contributing to death but not resulting in the underlying cause of	iven in Pert i.	23b. Did tobacco us	e contribute	to the cause of death?
=	COPD, CHD, HBP, Hyperlipidemia		1 X Yes 2□	No 3□Pr	obably 4 Unknown
5			24a Was an autono	, 24h V	Vere sutonsy findings
ere	Chronic Cigarette Smoker		performed?	0	ompletion of cause
2			_ v		
2	25. Wes case referred to medical			No 1	⊔ Yes 2□ No
Ď	examiner?	ther		704 - 40	
-		4 LI Nursing Ho			ify)
3	3 Suicide 6 Could not be)	28f. Location (Street end	Vum <i>ber or R</i> u	ral Route Number,
	building, etc. (Specify)		Ony or Fown, State)		
- Incal	29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the companient of the pasts of examination and/or investigation, in my and manner stated.	time, dete end piece, opinion, deeth occur	end due to the ceuse(s) as red at the time, date end p	nd manner as lace, end due	steted. to the cause(s)
M		nse number	29d. Dete	signed (Month	, Day, Year)
	> Muller to prove 1922	Bank Teller Banking Bank Teller Banking Bank Teller Bank Tel			
	30. Name and address/of person who completed pause of death (them 23a) (Type, Pphil)	113	10779	ut	
		Cambridg	e, MD 21	613	
_					

0 1996 Parkall

State Registrar 31. Dete filed (Month, Deyl Year)

DHMH 16 Ray 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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altimore, Maryland 21215-0020	within
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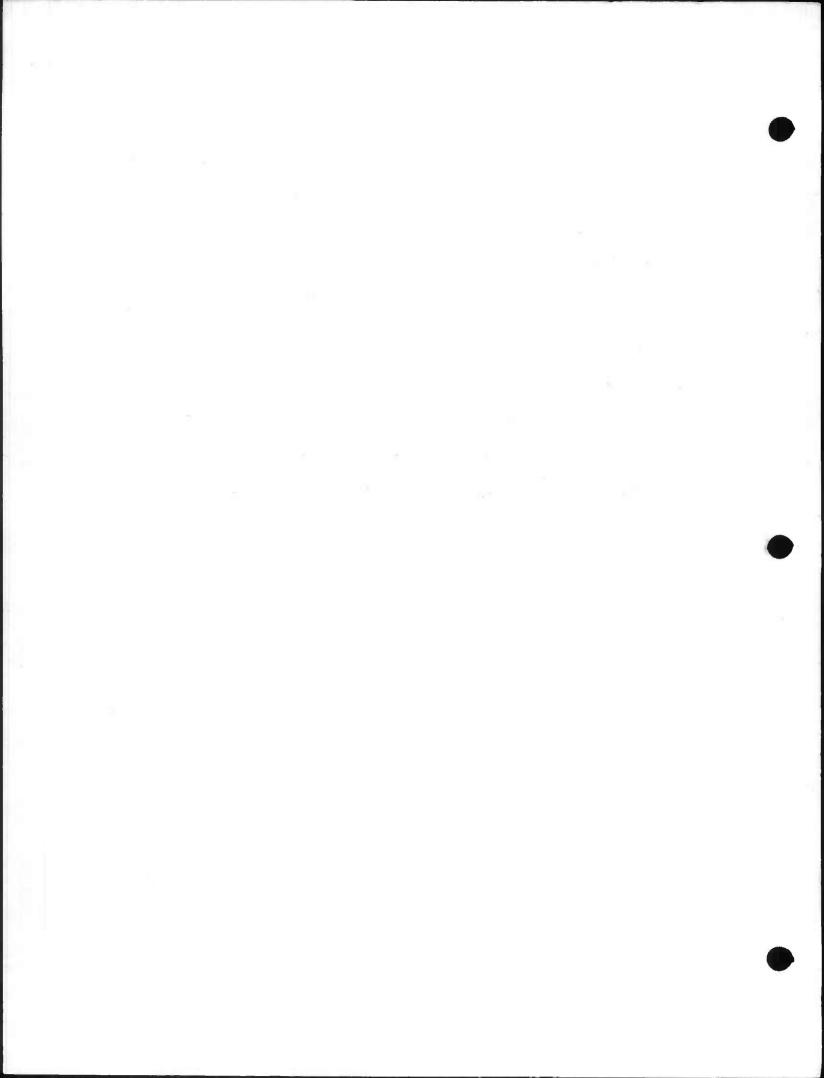
					ertificate of	Death	Reg. f	20	40593
ı	Physic	lan	1. Decedent's Name (First, Middle, Last) HOWARD	RUSSELL	CPOOMES		Date of Death Month	Day 1006	3. Time of Deeth
Į.	/Medi Exami		4a. Facility Neme (If not institution, give street end rlumber)			4b. City, Town, or Local		1996 c. County of Deeth	6:50 PM
1	400		CARROLL COUNTY GENERAL	HOSPITA		WESTMINST	ER	CARROLL	
	Funeral Director		217-12-7621 1 ¹ 2 ³ ⋅M 2□F	e (In yrs. last birthday, 77 Yrs.	Months Days	Hours Min.	Date of Birth (Month, Day, Yea /29/191		ace (State or Foreign try) RYLAND
	yland		Usual Residence of Decedent 10a. State 10b. County	10c. City, Town or L	ocation			10	Od. Inside City Limits
	Ba-f st	Director	MD. CARROLL	WESTMI	NSTER				1 Yes 2 No
	23a or 24	ai Dire	10e. Street and Number 102 TIMBER RIDGE DR.,	APT. 106	10f. Zip Code	1157	10g. (USA	try?
020	d within 72 hours effer death with the Maryland piene, "retural", or flems 23a or 28s-f show the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Married 2 □ Marrled 3 ☼ Widowed 4 □ Divorced 12. Was Decedent I Armed Forces? 1 □ Yes 2 ∑ N If Yes, Give Year or Dates:	Ever in U,S. 13.	Was Decedent of If Yes, specify Cub 1 ☐ Yes ※☐ No	tispanic Origin? (Specifi an, Mexican, Puerto Ric Specify:	y Yes or No- an, etc.)	14. Race - America Black, White, a Specify: WI	
21215-0020	within 72 ho ene. than "natur	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) Coilege (1-4or 5	(Give	DO NOT use retire	during most of working d)		Kind of Business/Ind	
d 2	e filed w al Hygier other th	Col	6 17. Father's Name (First, Middle, Last)		TRUC	K DRIVER 18. Mother's Name (F		RICULTUF	RE
Maryland	Aental rked o	To Be	HOWARD R. G	ROOMES,	SR.	GERT		WINGS	
lary	2 should and Men is marke	-	19a. Informant's Name/Relationship (Type, Print)	19b. Maili	ing Address (Street	and Number or Rural R			Code)
	1 and 1ealth m 27 ther tr		RUSSELL E. GROOMES - 20e. Method of Disposition	SON 2949 20b. Place of Dispo	UNIONT	OWN RD.,			
Baltimore,	permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important: if Item 27 is marked other any injury or other traumatic event, once.		1 ABurial 2 ☐ Cremetion 3 ☐ Removal from State ☐ Donetion 5 ☐ Other (Specify)	EVERGRE	EN MEM.	GARDENS12	/27/96		RG, MD.
Bal	Departr Departr Importa any inju		21. Signature of English Service Licenses	\int_{2}^{2}	2. Name and Addre	ss of Facility FLE	TCHER F ESTMINS	UNERAL H	OME 21157
	Physician /Medical Examiner	J.	23a. Pm1. Enter the disease, or completations that caused shock, or heart failure. List only che cause on each lin Immediate Cause (Final disease or condition resulting in death)	the deeth. Do not en e.		e he o he a Encl			Approximate Interval Between Onset end Death
68760,	The law requires that the death certificate be executed at the been signed by the attending physician and page 2 should be detached for use as the burial-transit	edical Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due to (or as a consec	quence of):	Chel	Slage		
Box 68	eath certifics attending ph I for use es ti	-	d.						
0	uires thet the dea	Physician/	Pert II. Other significant conditions contributing to death bu		inderlyling cause giv	en in Part I.			the cause of death?
S,	s thet gned b	by Pt	Hypertention				1 Nes	2□ No 3□ Prob	ably 4 Unknown
Division of Vital Records, P.O.	s been sign	Completed	Diverticulos,	2			24a. Was an aut performed?	ava	re autopsy findings liable prior to apletion of cause eath?
<u> </u>		Com	B. P. H.				1 ☐ Yes	_/	Yes 2□ No
Vita	ysician: The s certificate director, pag	Be	25. Wes case referred to medical examiner? Hospital:		Oth	26. Place of Death (C	check only one)		
0	Phys this ral di	n: To	27. Manney Death 28a. Date of Injury			4 ☐ Nursing Home	5 Residence Describe how inj	8 Other (Specify,	
ion	Attending Physician: or death. ector: After this certific by the funeral director,	atlo	2 Accident Investigation	Year) Injury		k? Yes 2 □ No	No. 188		
DIVI	of or Attanding latter death. Director: After d in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of Inju building, etc.	ry - At home, farm, str (Specify)	reet, factory, office	28f.	Location (Street a City or Town, Sta	and Number or Rural te)	Route Number,
	To the Hospital or Attanding within 24 hours after death. To the Funeral Director: Aft completely filled in by the fun	edical C	29a. Certifier (Check only one) 1 □ Certifying Physician: To the best of and manner state and manner state.	examination and/or in	h occurred at the tin vestigation, in my o	ne, date and place, and pinion, death occurred a	due to the cause(at the time, date a	s) end manner as sta nd place, and due to	ited. the cause(s)
	To th To th comp	Me	29b. Signeture end title of certifier		29c. Licens			ate signed (Month, D	Pay, Year)
			I And Ande bre	<u> </u>	13	9502		12/26/86	ó.
			30. Name and address of person who completed ceuse of de	ath (Item 23a) (Type,	Print) (Arr)	9502 11 60. 91	en. H	0SP!	
	Sta Registra			s Signature	Щ				

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DIVISION OF VITAL RECORDS, P.O. BOX 6876	2	à	ē
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	-	Ų.
	2	2	8

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIENI	Ε		
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM A. GIVA	NS				2. DATE OF DEATH MONTH DA		EAR	E OF DEATH
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	DEC 14,			(State or Foreign
3	218-30-0927	4 R M O C C	Man 10	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)	
	8e. FACILITY NAME (If not institution, give :	street and number)		b. CITY, TOWN C	R LOCATION OF DE	OCT 1, 193	9c. COUNTY	ARYLAN	(D
DIRECTOR	32934 DIVISION			PARSON			VICOMI		
Ä	10e. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	ION				NSIDE CITY
5	MD WICO	MICO	PA	RSONSBI	JRG				IMITS? YES 2 NO
A	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEI	N OF WHAT CO	OUNTRY?
FUNERAL	32934 DIVISION	ST.			21849		U	.S.A.	
5	11. MARITAL STATUS 1 Never Merried 24 Merried	12. WAS DECEDENT EVER IN FORCES? 1 X YES				IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No- 14	I. RACE — Ame	ericen Indian,
ВУ	3 Widowed 4 Divorced	NAVY 1956-19			2 NO Specify			Specify:	
	15. DECEDENT'S EDU		16a. DECEDENT'S US	I OCCUPATION				WHITE	
COMPLETED	(Specify only highest grade	completed)		k done during mo		16b. KIND OF BUS	INESS/INDUS	THY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	OWNER &	OPERATO)R	REST.			
N O	17. FATHER'S NAME (First, Middle, Last)		OWNER C	OI BIUIT		ME (First, Middle, Malden	Sumeme)		
	AVERY W. GIVANS				MARTAN	PAYNE			
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street e		Route Number, City or Town	n, State, Zip Co	ode)	
2	JOAN GIVANS	(WIFE)	32934	DIVISIO	N ST., P	ARSONSBURG	MD.	21849	
	20a, METHOD OF DISPOSITION 1 Description 3 General Report 3 Genera	20b.	PLACE AND DATE OF	DISPOSITION /NE	me of			y or Town, Sta	
	4 Denation 5 Other (Specify)	S.	PRINGHILL	MEMORY	GDNS.	12/17 HEB	RON, 1	MD.	
	21. SIGNATURE OF POHERAL SERVICE LI	CENSEE	0/	22. NAME AI	ID ADDRESS OF FA	CILITY			
	Dunsd	1 / Frum		BOUNT	C FIINEDA	L HOME, SA	TTCDIII	DSZ MA	DALLAND
	23. PART I. Enter the diseasea, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	Liet only one cause on ea	ch line.	t enter the mo	de of dylng, sucl	h se cardiac or respi	ratory srrea	it,	Approximate Interval Between Onset and Death
	resulting in death)	a. Malignat Due 10 (OR AS A	CONSEQUENCE OF:	hora				-	Typ
CERTIFICATION	Sequantially list conditiona, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					-	
8	cause, Entar UNDERLYING CAUSE (Disease or Injury	c							
H	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
H	Treating in death) Exci	d							
AL C	PART II. Other algnificant condition	na contributing to deeth be	t not resulting in	the underlyin	g ceuse given in				AUTOPSY FINDINGS
						PERFOR		COMPL	ABLE PRIOR TO LETION OF CAUSE
MEDIC								OF DEA	ATH? VES 2 1 NO
	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	□ NOX	UNCERTAIN	N D			
NA.	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	(Check only one)					
SIC	1 YES TO NO	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER:	e 5 Reeldence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI		UNY AT	28d. DESCRIBE HOW II	NJURY OCCUI	RED	
BY I	Natural 5 Pending Investigation	(1000)		M 1 🗆					
ED E	3 Suicide 8 Could not be	26e. PLACE OF INJURY building, etc. (Spec	— At home, lerm, str	eet, lectory, offic	•	261. LOCATION (Street e City or Town, State)		Rural Route No	umber,
COMPLET		SICIAN: To the beat of my knowl							
Š	2 MEDICAL EXAMIN	ER: On the beele of exemination	end/or investigation,	In my opinion, o	eath occured at the	time, date and place, en	d due to the o	:euse(s) end m	nanner ee stated.
H (296. SIGNATURE AND TITLE OF CERTIFIE	000	MS		29c. LICENSE NUM	278		SIGNED (Month,	
2	30 NAME AND ADDRESS OF PERSON W		- A 1	1	5-17	AIN 3			. 0
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SION	avvs//	0/.	Jes/18h	100	180)		
	DEC 1 7 1996	3. REGISTRAR'S SIGN.	Rardall			7			
	DEC 1 1330								



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

40595

1. Decedent's Nema (First, Middle, Last) 2. Deta of Death 3. Time of Deeth Month Day Year December 23, 1996 **Physician** 12:30 AM BIANCA MARY GIGLIO-TOS /Medical 4e. Fecility Name (If not Institution, give street and numbar) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 3207 Whitefield Road Churchville Harford 7. Age (In yrs. last birthday) If Undar 1 Yaar | If Undar 24 Hrs. | 8. Data of Birth (Month, Dey, Year) 5. Social Security Number Birthpiaca (Stete or Foreign Country) **Funeral** Days 11XIM 2□ F 67 Yrs. Director 222-12-7700 Sept. 28, 1929 Delaware Usuel Rasidance of Decedent with the Meryland 10b. County Show 10c. City, Town or Location 10d. Inside City Limits rthan "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Churchville 1 Yes 2X No Director Harford Maryland 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 21028 USA 3207 Whitefield Road death Funeral 12. Wes Decedanf Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Yaer or Datas: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14 Bace - American Indian 11 Meritel Stetus Black, Whita, atc. filed within 72 hours after 1 ☐ Naver Merried 2 ☑ Married 3altimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: à 3 ☐ Widowed 4 ☐ Divorced White Completed 18a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grede completed) 16b. Kind of Business/industry al Hygiene. Elementery/Secondery (0-12) Coilege (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Item 27 is marked othe any Injury or other traumatic event 2008. 18. Mother's Neme (First, Middle, Malden Sumame) Be Palma (nmn) Di donato Biagio (nmn) Salvatore 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21028 Louis Giglio - Tos - Husband 3207 Whitefield Road, Churchville, Maryland 20b. Pleca of Disposition (Name of cematery, crematory or other piece) 20e Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Harford Memorial Gardens 12-27-96 Aldino, Maryland 21. Signeture of Funerel Sarvice Licensee 22. Name and Addrass of Facility Howard K. McComas III Funeral Home, P.A. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, Approach, or heer feitura. List only one cause on each line. 21009 Approximate Interval Between Onsat and Death **Physiclan** GASNIC CARCINIMA Immediate Cause (Finel disaase or condition resulting in deeth) Examiner Examiner the burial-transit Sequentially list conditions, if any, leeding to immadiete cause. Enter Underlying Cause (Disease or injury thet initiated events rasulting in death) Lasf pue Due to (or es a consequence of): certificete be execu P.O. Box 68760. attending physician Physician/Medical Dua fo (or as e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown MENASTASES LIVER Records, 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 1 Yes 2 No certificate 1 Yes 25€No Division of Vital Be 25. Wes case referred to medical 28. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) Hospitei: 1 | Inpariant 2 | ER/Outpatient 3 | DOA 2 1 Yes 2 No this funeral 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury af Work? Certification: Attending After 1 Meturei 2 ☐ Accident 5 Pending of or Attending after death. Director: Aft 1 Yes 2 No investigation n/a filled in by the 3 Suicide 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aff To the Funeral Di completely filled in n/a 29e. Certifier 15 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) edical (Check only 29b Signature and tale of certifie 20 License number 29d. Dete signed (Month, Day, Year) D31775 December 23, 1996 30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)

Dr. Joan P. Edwards, 2112 Belair Road, Fallston, Maryland
31. Date filed (Month, Dey, Year) 32. Registry's Signature. 32. Registrar's Signature.

DEC 26 1996 >

DHMH 16 Rev 6/95

State

Registrar

State of Maryland / Department of Health and Mental Hygiene 40596 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Physician Month Virginia Hewitt December 23,1996 9:30AM /Medical 4a. Facility Name (if not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 6604 Woodley Road Clinton Prince George's 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Yeer | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year)
Feb. 21,1921 Birthplace (State or Foreign Country) **Funeral** Months 1□M 2□XF Days Hours Yrs. Director 577-26-6449 75 Washington DC Usuai Residence of Decedent the Maryland 10a, State 10b. County r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10c, City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland | Prince George's Clinton 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6604 Woodley Road 20735 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐XNo if Yes, Give Year or Detes: 11. Maritai Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. filed within 72 hours after Hygiene. 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: þ Specify: White 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Buainess/Industry Elementary (Secondary (0-12) Cellege (1-4or 5+) Homemaker permit. Pages 1 end 2 should be filed v Department of Health end Mental Hygie Important: If Item 27 Is marked other i Home 17. Father's Name (First, Middle, Last) 18. Mother'a Nama (First, Middle, Maidan Sumame) Be Layman Scott Edna Vernon 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Numbar or Rural Route Number, City or Town, Stata, Zip Code) Virginia L. Hewitt (Daughter) 6604 Woodley Rd. Clinton, Maryland 20735 20b. Place of Disposition (Name of cemetery, crematory or other place)
Lee Crematory 20a. Method of Disposition 20c. Location - City or Town, Stete 0 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Dec. 24, 4 ☐ Donation 5 ☐ Other (Specify) Clinton, Maryland 1996 Lee Funeral Home, Inc. 21. Signature of Funarai Service Licent 22. Neme and Address of Fecility 6633 Old Alexandria Ferry Rd Clinton, Md 20735 23a. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on aach lina. Physician /Medical Immediate Cause (Final disease or condition rasulting in death) Examiner Examiner discornentel To the Hospital or Attanding Physician: The law requires that the deeth certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and attending physicien and for use as the burial-tran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of) been signed by the a should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 a 1 Yes 20 No 1 ☐ Yes 2 ☐ No Division of Vital Be director. 25. Was case rafarred to medical 26. Place of Death (Chack only offe) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4☐ Nursing Home 5 🗹 Residenca 6 ☐ Other (Specify) Certification: To 1 Yes 2 No 28a. Date of Injury (Month, Day Year) filled in by the funeral 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida Medical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

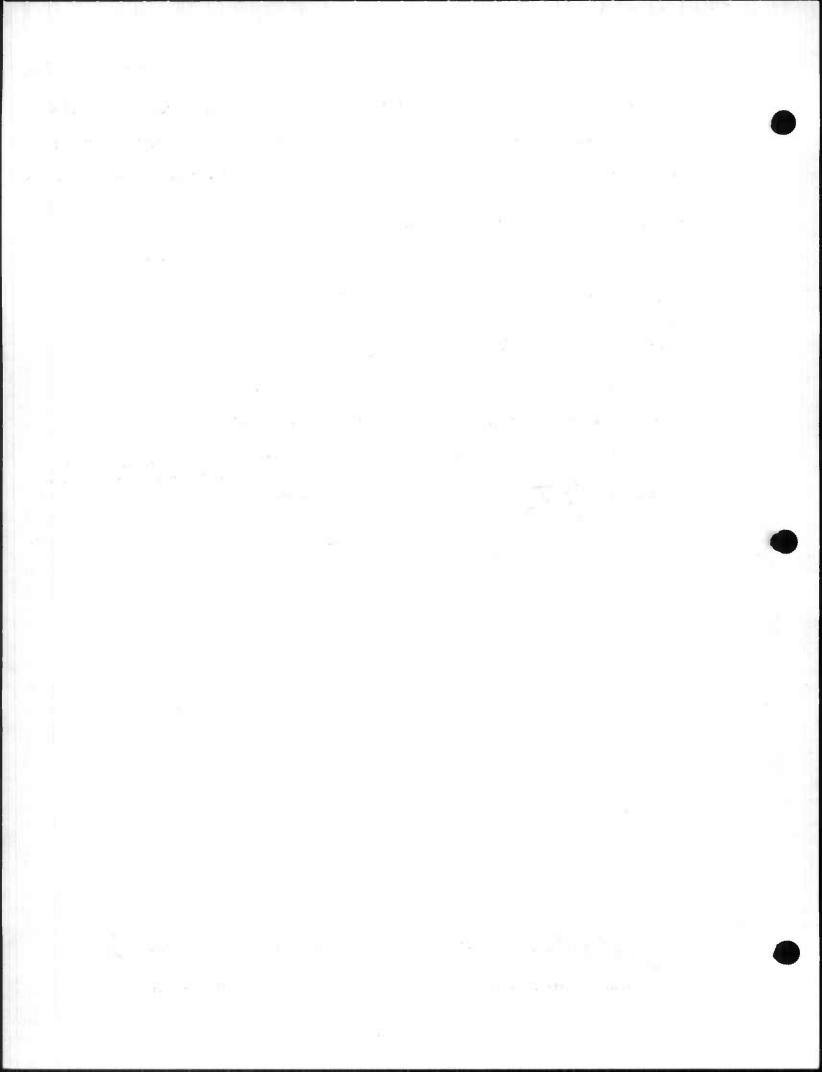
| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) and manner stated. 29a, Cartifiar 29b. Signature end title of Senifie 29c. License number 29d. Date signed (Month, Day, Year) anen m 30. Name and address of person who complated cause of death (Itam 23a) (Type, Print) Glenn R. Jaucian, MD 9450 Penna. Ave Upper Marlboro, MD 31. Date filed (Month, Day, Year) 32. Registrar's Signatura State

Via Davelson Randall

DHMH 16 Rev 6/95

Registrar

DEC 2 6 1996



State of Maryland / Department of Health and Mental Hygiene

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lar	2 sho and ls m		19a. Informent's Neme/Raletionship (Type, Print)	19b. Mailin	g Addrass (Stree	t and Number or F	lural Route Numb	per, City or Town,	Stete, Zip	Code)
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State of Maryland / Department of Health and Mental Hygiene

40598 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 3. Time of Death 2. Data of Death Month Physician Holsten Dec 21 1996 6:55 AM N. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Genesis ElderCare -The Pines 5. Social Security Number 8. Sax 7. Age (in yrs. iast birthday) Birthplace (Stata or Foreign Country) **Funeral** 1 □ M 2 1 F Months Yrs. 214-202800 Director 88 Usual Rasidance of Decedant death with the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Insida City Limits r then "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at 1X Yas 2 No Director Maryland Talbot Easton 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? 610 Dutchman's Lane, 21601 USA Funeral 12. Was Decedant Evar In U.S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: if them 27 is marked other than "naturel", or hen any injury or other traumatic event, the Medical Examinations. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: White 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) 12 0 Secretary State of Maryland 17. Fathar'a Nama (First, Middla, Last) 18. Mothar'a Nama (First, Middla, Maiden Sumama) Be William E. Cathcart Grace Altvater 19a. Informant'a Name/Raietionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Jean H. Beatty/Daughter 28035 LeGates Cove Rd., Easton, MD 21601 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, crematory or other place) Data 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramoval from Stata
4 Donation 5 Other (Specify) Oxford Cemetery 12/28 Oxford, Maryland 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility Fellows, Helfenbein & Newnam Funeral Home 23a. Part1. Entar tha disaasa, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 21601 Approximate interval Between Oneat and Death Physician /Medicai Immediata Causa (Final Momme disaasa or condition rasulting In death) Examiner Physician/Medical Examiner physician and s the burlal-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaase or Injury that initieted evants rasulting in death) Last Dua to (or as a consequence of) Box 68760, Dua to (or as a consequence of) 88 attending for use as signed by the a Records, P.O. Part tt. Other atgnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown δ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy completion of cause of death? page 2 s 2 No 1 Yas 1 ☐ Yaa 2 ☐ No certificate Division of Vital Hospital or Attending Physician: director, Be 25. Was casa rafarred to medical axaminar? 28. Piaca of Daath (Check only ona) Othar: 4 Nursing Homa 5 Residence 8 Other (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 2 No Certification: To 1 Yas After this within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral of 27. Manger of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding Invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datamined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 HomicIda edical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and manner as steted.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Cartifier (Check only one) the 29b. Signatura and titla of certifier 29c. Licansa number 29d. Data aigned (Month, Dav. Year) NOO 30. Nama and addrass of person who complated causa of death (Item 24a) (Type, Print) NULLIA NEOG 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State 2 4 1996 -Randall

in Davidson

Registrar

State of Maryland / Department of Health and Mental Hygiene

40599 Certificate of Death 1. Decedent's Nama (First, Middle Last) 2. Date of Death 3. Time of Death Physician Month JOHN HILBERT 6,1996 December 4:23P CASSELL /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner St. Mary's Hospital Leonardtown St. Mary If Under 1 Yaar If Undar 24 Hrs.
Months Days Houra Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) June 8, 1919 Birthplace (State or Foreign Country) **Funeral** Days 1 M 2□ F 77 Yrs. Director 218-10-8698 Georgia Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Martiel Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic avantment. 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits Director St. Marys 1 ☐ Yes 2 No Leonardtown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20650 USA Cedar Lane Apts. #1125 Funeral 12. Was Decadent Evar in U.S. Armed Forces? 11 Maritai Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American indian Black, White, etc. 1 ☐ Yes 2 ☑ No if Yes, Give Yaar or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No à Specify: White 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Minister Church 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Cassell Louis William Hilbert Helen. 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 534 Breton View Dr., Leonardtown, MD 20650 William E. Arick/Friend 20b. Placa of Disposition (Name of cemetary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Charles Memorial Gardens 12/11/96 Leonardtown, MD 22. Name and Address of Facility Mattingley-Gardiner Funeral Home, P.A. ardene P.O. Box 270, Leonardtown, Maryland 20650 23a. Part1. Efter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final CARDIO-PULMONARY disease or condition resulting in death) 30 mins Examiner Due to (or as a consequença of): Examiner 2 years Prostate Carcinoma 0+ physicien end s the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Dua to (or as a consequence of): P.O. Box 68760, Coronary artery disease years Physician/Medical Due to (or as a consequence of): for use es Diabetes mellitus Part it. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the should be detached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 1 Yes 2 No this certificate 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physicien: director, Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ⊠ inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Pending Investigation 1 MNatural s effer dea....al Director: Afr 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide within 24 hours e To the Funeral D completely filled 12 Certifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical 29a, Certifier (Check only one) To the 29b. Signature and titla of contribution 29c. License number 29d. Date signed (Month, Day, Year) Dec 7, 1996 1) 500 HH DR-M.A. Rahmay MD 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Dr. Mohammad Rahman - Leonardtown, Maryland 20650 32. Registrar's Signature 31. Date filed (Month, Day, Year) State DEC - 9 1996 Registrar

State of Maryland / Department of Health and Mental Hygiene 96

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40601 Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Stanley HUSEMAN 6:00a.m. /Medical 4b. City, Town, or Location of Deeth 16 1996 4c. County of Deeth 4e. Fecility Neme (If not institution, give street end number) Examiner St. Mary's Hospital St. Mary's Leonardtown If Under 1 Year | if Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) **Funeral** Deys Hours 15€M 2□ F 577-10-7506 Vre Director Feb 20, 1919 Washingotn, DC Usual Residence of Decedent with the Maryland 10e Stete 10h County 10c. City, Town or Location must be notified at 10d. inside City Limits Hollywood Maryland St. Mary's Director 1 ☐ Yes 2 No 10e. Street and Number 10g. Citizen of Whet Country? U.S.A. 10f. Zip Code Rt. 3 Box 663-A 20636 Funeral death items 2 12. Wes Decedent Ever in U,S. Armed Forces? 11 Meritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien, traumatic event, the Maulcal Examiner Bleck, White, etc. filed within 72 hours efter 1 ☐ Never Merried 2 ☐ Merried 1 Yes 2 No If Yes, Give Yeer or Dates: 21215-0020 6 1 Yes 2 No Specify: þ 3 XWidowed 4 ☐ Divorced Specify: White natural Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) Coilege (1-4or 5+) Clerk 12thGrade U.S. Government Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Pages 1 and 2 should be facent of Heelth end Mental I John Smith Huseman, Sr. Annie Phelps 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 36782 Yowaiski Mill Rd., Mechanicsville, MD 20659 Gail Marie Osborn other 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 6 1 ☐ Burial 2 ØCremetion 3 ☐ Removel from Stete permit. Page Department of Important: If any Injury or once. Metropolitan Crematory 12/18/96 Alexandria, Virginia 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signatore of Funerei Service Licenses Mattingley-Gardiner Funeral Home, P.A. 23e. Pert1. Ther the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, if heart feliure. List only one cause on each line. P.O. Box 270, Leonardtown, Maryland **Physician** Cardiae failure /Medical immediate Cause (Finel Acute disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequence of): P.O. signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes en autopsy performed? hes certificate 1 🗆 Yes 2 No 1 ☐ Yas 2 ☐ No. Division of Vital or Attending Physician: after death. 25. Wes case referred to medice Be 26. Piece of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No this 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of Medical Certification: 28c. injury at Work? 28d. Describe how injury occurred Affer 5 Pending Investigation 1 Neturei 1 TYes 2 □ No 2 Accident Director: 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicide To the Hospital o within 24 hours aft To the Funeral DI completely filled in 29e. Certifier ★⑤ Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, and due to the ceuse(s) end manner as stated.
2 Medical Examinar: On the best of examination and/or investigation, in my opinion, deeth occurred et the time, date and piece, and due to the cause(s) end menner stated. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) snah 47066 96.

State Registrar

31. Dete filed (Month, Dey, Year)
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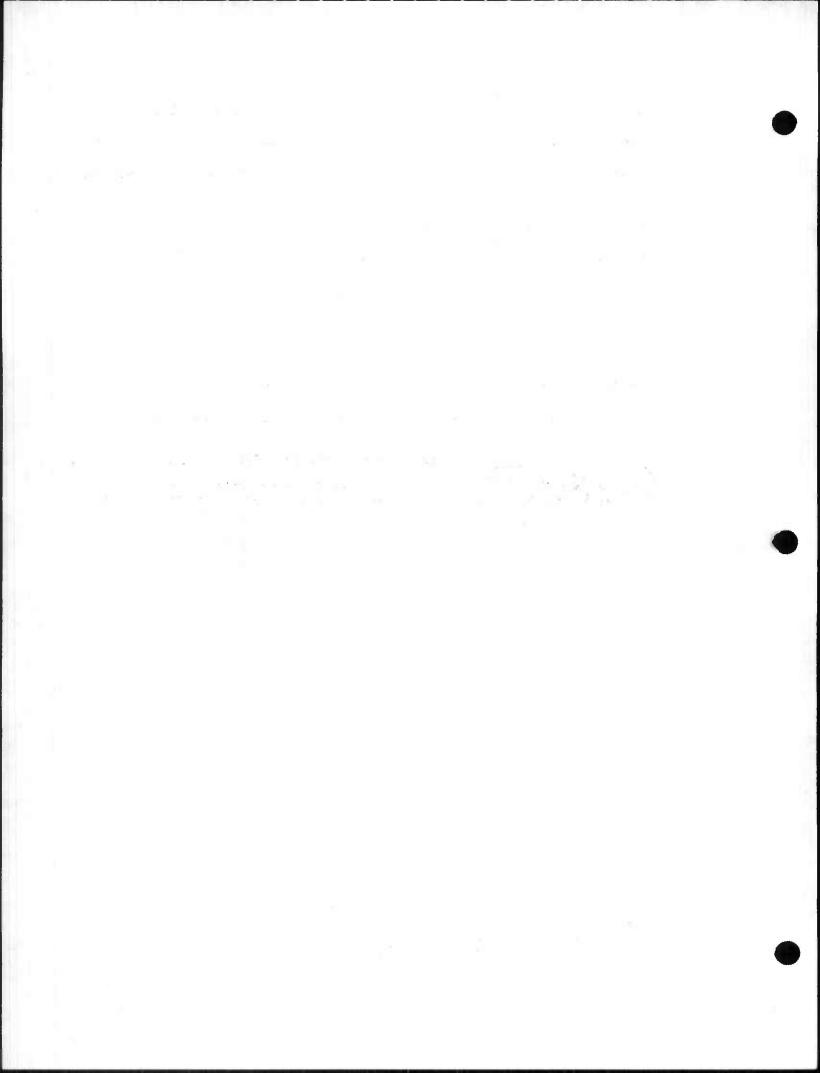
Dr. Avani D. Shah

30. Name and eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

Hollywood, MD 32 Registrar's Signeture Rand-11

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State of Maryland / Department of Health and Mental Hygiene

	Directo
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Heelth end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f ehow any Injury or other traumatic event, the Medical Examinal must be notified at once.

Physician

Funera

Division of Vital Records, P.O. Box 68760,

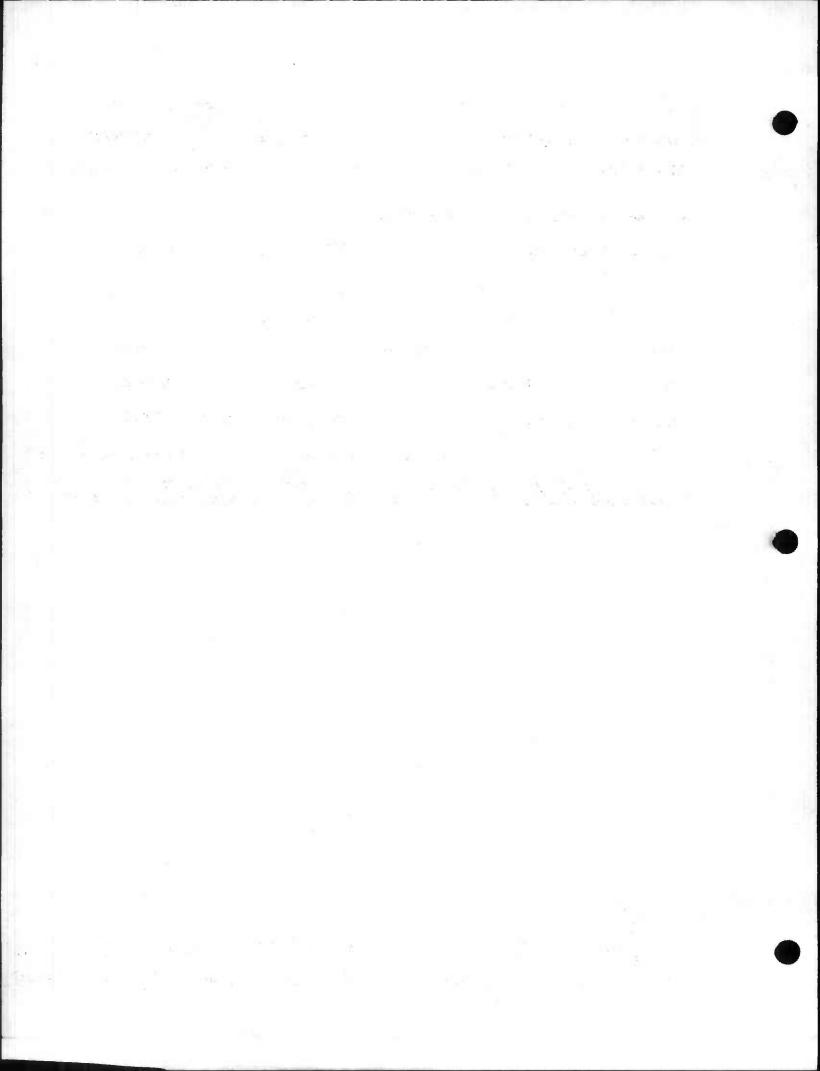
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by	3 XWidowed 4 □ Divorced	1 ⅓Yas 2 No If Yas, Giva Yaar or Datas: 192		as 2 No		· (104)	Specify:						
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ဥ					Mabel F								
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	Zeb Knott	Per. Rep.			eet, Arli								
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	110016	999	Brir	ma and Addr isfiel	ass of Facility d Funeral	Home, P	.A.						
	A	nkenship	P.O.	Box	279, Leon	ardtown,	Maryland	d 20650					
	23a. Part1. Entar tha disaasa, or comp shock, or haart failura. List only	23a. Part). Enter the disease, or complication, the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death											
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State of Maryland / Department of Health and Mental Hygiene 96 40604

Physici /Medi Examii		1. Decedant's Neme (First, Middla, Last) Nina L. Hopkins								2. Dete of Dea Month		1 X88/c	3. Time of Dea	
		4e. Facility Nama (If not Institution	3712110						nber 23, 1996 4:5					
		Greenbelt Nur		4b. City, Town, or Loc Greenbelt				t	Montgomery					
Funeral Director		5. Social Security Number 6. Sex 1 ☐ M 2 ☒ F			7. Aga (In yrs. last birthday) If Under Months			If Under Hours	24 Hrs. Min.	8. Data of Birth OCL 20	th Year 908 9. Bird Co		olaca (State or For otry) rginia	
be filed within 72 hours after death with the Maryland filel Hygiene. d other than "naturel", or items 23e or 28e-f show event, the Medical Evanither must be notified.		Usual Rasidance of Dacedant 10a. Stata 10b. Count	у	10	c. City, Town o	r Location					10d. Inside City Limi			
	to											1 □ Yas 🛣		
	Funeral Director	10e. Street and Number 2020 Sandgates Road				10f. Zip Coda 20636					10g. Citizan of What Country? U.S.A.			
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	eted		15. Decedent's Education (Specify only highest grada complated)		16a. D		Decedent's Usuai Occupation (Giva kind of work dona during most of work		ina	16b. Kind of Businass/Industry		dustry		
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Department of Health and Mental Himportant: If Nem 27 Is marked ott eny Injury or other traumatic ever once.	o Be	George	Heff	in				Nett		t (First, Middle, i	Hoff			
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ysician Medical aminer	ner	23a. Part1 Entar tha diseesa, o shoot, or haart failura. Lis Immediata Cause (Final disaasa or condition rasuiting in daath)	er compiliations that tonly one cause or	ON AI	daath. Do not	antar tha mod	da of dyir	ng, such as	eona cardiac		Maryla	and a	Approximate Interval Between Onsat end Deeth	
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 40605 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month 2⁴/₂, HAWKINS 1996 December 6:10a.m. 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth St. Mary's Hospital St. Mary's Leonardtown If Under Months If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Davs 1⊠M 2□ F 60 September 4, 1936 Maryland 10b. County 10c, City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No St. Mary's Scotland 10f. Zip Code 10g. Citizen of Whet Country? Box 82 Fresh Pond Neck Road 20687 United States 12. Was Decedent Ever In U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian Biack, White, etc. 1 Never Merried 2 ☐ Merried 1 ☐ Yes 2 No If Yes, Give 1 ☐ Yes 2 ☑ No Specify: 3 Widowed 4 Divorced Yeer or Detes Black. 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) Laborer Construction 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Benjamin Hawkins Marguerite Hewlett 19e. Informent'e Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20296 Poplar Ridge Road, Lexington Park, MD 20653 Brother 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) Dete 20c. Location - City or Town, Stete 1 N Burlei 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Luke's Cemetery 12/30/96 Scotland, Maryland 22. Neme end Address of Fecility Brinsfield Funeral Home, P.A. Brinsfield, Jr. M00052 P.O. Box 279, Leonardtown, Maryland 20650 Approximate Interval Between Onset end Death Due to (or es e consequence of) Due to (or es e consequence of) 23b. Dtd tobacco use contribute to the cause of death? 3 Probably 4 Onknown 1 Yee 2 No

96

Physiclan /Medical Examiner

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certificata has

i or Attending Physician: after death. Director: After this certifice

To the Hospital or within 24 hours aff To the Funeral Di completely filled in

Physician

/Medical

Examiner

Director

Funeral

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Completed

Be

2

Funeral

Director

went zr is marked other than "naturel", or items 23s or 28s-f show other traumstic event, the Medical Examinal must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Depertment of Health and Mental Hygiene. Important: If Item 27 is marked other than "naturel; or iter any injury or other traumatic event, to Medical Exemption

Baltimore, Maryland 21215-0020

Maryland

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death

BERT

10e. Stete

5. Sociel Security Number

217-34-0814

Maryland

11. Maritei Stetus

10e. Street and Number

Usuei Residence of Decedent

Steve Hawkins

20a. Method of Disposition

21. Sig

the burial-trer been signed by the attending physiclan should be datached for use as the buna

The law requires that the death certificets be executed

Box 68760.

P.O.

Records,

Division of Vital

Edward N. 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. immediate Cause (Final disease or condition resulting in death) Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury Physician/Medical thet initiated events resulting in death) Last Part It. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. à Completed 24b. Were autopsy findings evalleble prior to 24a. Was an autopsy performed? completion of ceuse of death? 1 | Ves 2 N6 1 TYes 25. Was can't referred to medical Be 26. Plece of Deeth (Check only one) Hospital Other 4 Nursing Home 5 Residence 8 Other (Specify) To 1 Yes 2 ER/Outpatient 3 DOA Inpatient 27. Menner of De Outhor Injury (Month, Day Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Yes 2 No 2 Accident 8 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical 29b. Signeture end title of certifier 29c. License number 29d, Dete signed (Month, Dev. Year)

20650

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filled in by

State Registrar

31. Dete filed (Month, Day, Year) DEC 31

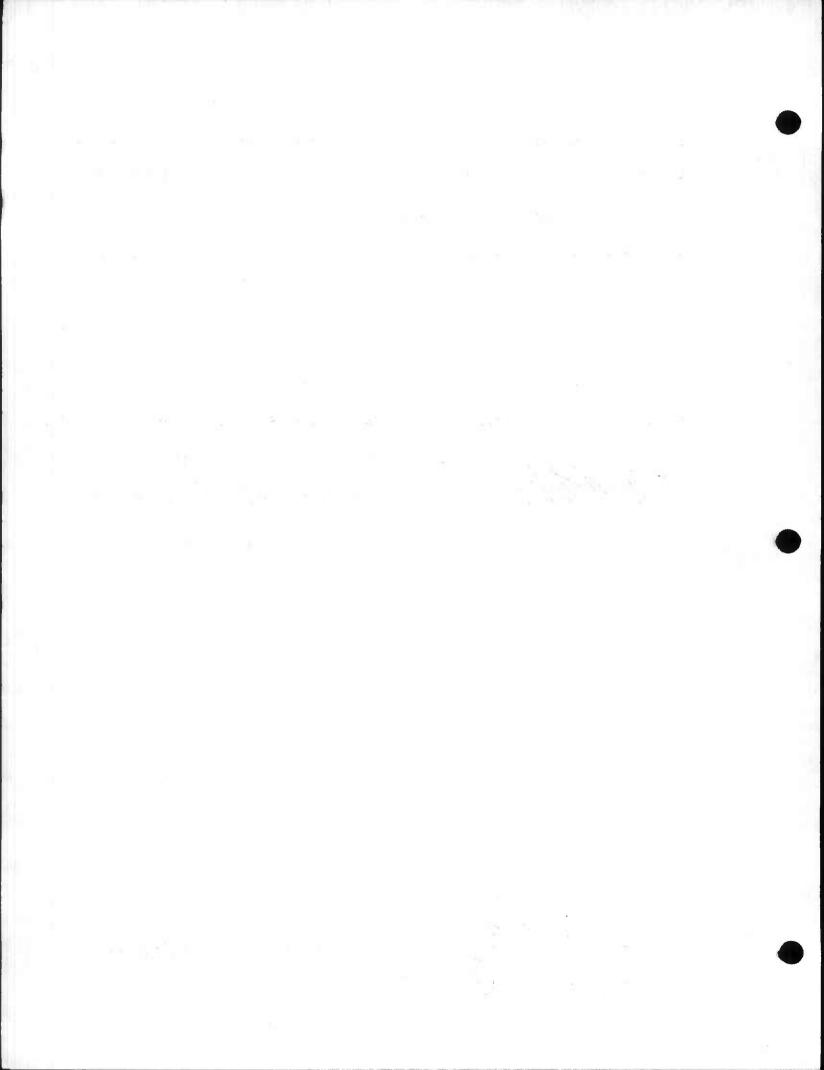
James

30. Name and address of person who completed cause of

Boyd



ith (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth Dec. **Physician** Dey 1996 23, David Myers Hurley, Sr. 9:30 am /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 5230 Beaver Neck Road Linkwood Dorchester tf Under 24 Hrs. 8. Dete of Birth
Hours Min. May 14, 1948 6. Sex 1 M 2 □ F If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthdey) 9. Birthplace (Stete or Foreign **Funeral** Deys Months Maryland 212-56-1126 48 Yrs Director Usual Residence of Decedent death with the Maryland 10d. Inside City Limits 10e. Stete 10c. City, Town or Location 23a or 28a-f show treumstic event, the Medical Examiner must be notified at 1 Yes 2 No Directo Maryland Dorchester Linkwood 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5230 Beaver Neck Road 21835 U.S.A. Funeral lterns : 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☑ No
If Yes, Give 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 11. Marital Status 14. Rece - American Indian. Bleck, White, etc. Peges 1 and 2 should be filled within 72 hours after nent of Heelth end Mentel Hygiene.
Int: If Item 27 Is marked other than "natural", or its 6 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify. 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: White Completed 15. Decedent's Education (Specify only highest grade completed) 18e. Decedent's Usuel Occupation
(Give kind of work done during most of working life. DO NOT use retired) Mochanic 16b. Kind of Business/Industry Elementary Secondery (0-12) Mechanic & College (1-4or 5+) School Bus Driver Transportation 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Alice Mae Fleischman Myers Wheatley Hurley 19e. Informent's Neme/Reletionship (Type, Print) Wife 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Deborah Lynn Willey Hurley 5230 Beaver Neck Rd., Linkwood, MD 21835 other 20e. Method of Disposition
1 Disposition 3 Removel from Stete 20b. Piece of Disposition (Neme of cemetery, crematory or other pieca) 20c. Location - City or Town, Stete Dete permit. Peges Depertment of Important: If the eny Injury or o 4 ☐ Donetion 5 ☐ Other (Specify) Dorchester Mem. Park 12-27 Cambridge, MD 21. Signature of Funeral Service Licensee 22. Neme end Address of Fecility Curran-Bromwell Funeral Home, P.A. Francell 308 High St., Cambridge, MD 21613 of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, that only one cause on each line. Physician Montey Immediate Cause (Finel disease or condition resulting in death) /Medical Examiner Due to (or es e consequence of) Physician/Medical Examiner the attending physician and hed for use as the burial-transit The law requires thet the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as e consequence of) Box 68760, thet initiated events resulting in deeth) Last Due to (or es e consequence of) P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 | Yes 2 I No 3 | Probably 4 | Unknown Division of Vital Records, δ 24e. Wes en autopsy performed? 24b. Were sutopsy findings available prior to completion of cause of death? Completed peen s has certificate 1 Yes 2 No 1 □ Yes 2 □ No Attending Physician: 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To Sinis funeral 27. Menper of Death 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred After 5 ☐ Pendino Investigation 1 Yes 2 No death 2 Accident the To the Hospital or Attention within 24 hours effer deatl To the Funeral Director: 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homlcide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and plece, end due to the cause(s) end manner as stated.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end plece, and due to the cause(s) end menner stated. 29e. Certitier Medical (Check only one) 29b. Signeture d title of certifier 29d. Dete signed (Month, Dey, Year) 29c. License number 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 21601 David H. Smith, M.D., 509 Idlewild Ave., Easton,

DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Dey, Year)

DEC 3 0 1996

32. Registrar's Signature

alin Dandear Randall

2 1 2

State of Maryland / Department of Health and Mental Hygiene

40607

						$C\epsilon$	rtificat	te oi	f Death		Reg. I	No.		70001
F		я	1. Decedent's Nama (First, Midd	la, Last)						2. Data of I		Davi	Vana	3. Time of Death
	Physici /Medic		FRANCES ANNETT	E				H	unt			Day 34	Year 1990	2235
	Examir		4a. Facility Nama (If not institution, giva street and number)						4b. City, Town, or Location of Death 4c. County of De					
			PENINSULA REGIO	ONAL MEDI	CAL CE	ENTER			SALISBURY WICOMI				MICO	
	Funeral		5. Social Security Number	6. Sax	7. Age (In	yrs. last birthday	Months						9. Births	place (Steta or Foreigntry)
	Director		220-12-0415 1□M 2Ñ F			72 Yrs. Months			S TIOUIS WIII	FEB.	16,1	924	MARY	LAND
	pu ,	To Be Completed by Funeral Director	Usual Rasidance of Decedent		10	- Ch. Tour sal								
	show dat		10a. Stata 10b. County		100	c. City, Town or L							1	10d. Insida City Limits
	ath with the Marylan 23a or 28a-f show		MARYLAND DORCH	ESTER		VIENN	A							1 □XYas 2 □ No
	1 6 1 th		10e. Street and Number			10f. Zi	p Code	Ð			10g. Citizen of What Country?			
	23a		112 CHURCH STR		2186			9			USA			
	vurs after dea al', or itema Examiner m		11. Marital Status	12. Was Dec Armed F	cedant Evar	In U,S. 13.	Was Dece If Yas, spe	dant of	Hispanic Origin? (ban, Maxican, Pua	Specify Yas or I	No-		ce - Amari	can Indian,
20	or H		1 Nevar Married 2 Married 1 Yas 2 No			No 1□Yas 2□						Specify: THE TELE		
00	aral,		3 XWidowed 4 ☐ Divorced Yaar or Datas:							WHITE				
21215-0020	2 should be filed within 72 hours after death with the Maryland and Mental hygiene. Is marked other than "natural", or flema 23e or 28a-f show reurratic event, the Medical Examinations to be not fled at		15. Decedar (Specify only higha	nt's Education ist grada complated)	16a. Deci	dent's Usu kind of wo	al Occi	upetion a during most of wo red)	orking	16b.	. Kind of E	Businass/In	dustry
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2	y by gie		O	SEAM	STRES	S	1	GARMENT FACTORY						
an o	be fi		17. Fathar's Nama (First, Middla, Last)							lle, Maldan Sumama)				
Š	Merke													
Maryland	C/ 42 50 50		19a. Informant's Name/Raiationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code)											
	permit. Peges 1 and 2 should be filed within 72 his Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturany injury or other traumatic event, the Meden once."		EDGAR T. HURLEY, SR./BROTHER 215 E. THIRD STREET, BLADES, DELAW											
0			20a. Mathod of Disposition 1		20b. Place of Disposition (Nama of cematary, cramatory or other place)				Data	20c. Location - City or Town, Stata			own, Stata	
Baltimore,			4 Donation 5 Other (S						IAL PARK					MARYLAND
39			21. Signatura of Furgaral Sarvice Ligensaa 22. Nama and Addrass of Facility ZELLER FUNERAL HOME, P. O. BOX 207,											
ш			106 MAIN STREET, EAST NEW MARKET, MD 21631											
			23a. Part Entar tha disaasa, or	complications that	caused tha	daath. Do not ar	tar tha mod	de of dy	ying, such as cardia	ac or raspiratory	arrest,		, 110	Approximata Intarvai Between
	Physiclan		23a. Pant. Entar tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac abook, or haart failura. List only one cause on each line.										1	Onset and Death
ч	/Medical		Immediata Causa (Final disassa or condition Conspective Heavi-						- Fay'lv	Faylure				12-10-96
	Examiner		rasulting in death) But to (or as a consequence of):										12 10 70	
1		ner	Sequentielly list conditions, if any, laading to immadiate cause. Entar Undarlying Cause (Disaasa or injury that inhisted events b. Dua to (or as a consequence of): County Athres & Undarlying Cause (Disaasa or injury that inhisted events Dua to (or as a consequence of):											11-7-96
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68760,	ysici	edical Examiner	Cause (Disaasa or Injury that initiated events rasulting in daath) Last Dua to (or as a consequence of):											
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XO	0 2 9	by Physician		d									- 1	
W.	death		Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.							23b. Did tobacco use contribute to the cause of death				
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	v requires that the death been signed by the atter should be deteched for t													
Records,	quire en sig ould b		Human Whichman											ara autopsy findings
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R	e = 2	Completed	tementer	win.						10	Yas	2 No		□ Yas 2□ No
67	T sate	O	Al							1.0		-/-0.0	1	

Division of Vital To the Hospital or Attanding Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I

Be

Certification: To

25. Was case axaminar? refarred to medical 1 Yas 2 No 27. Mannar of Death

5 Pending Invastigation 8 Could not be determined

28a. Place of Injury - At homa, farm, street, fectory, office building, atc. (Specify)

Hospital: 1 Chpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

Othar: 4 Nursing Homa 5 Rasidance 28c. Injury at Work? 1 Yas 2 No

26. Place of Death (Check only ona)

28f. Location (Street and Number or Rural Route Number, City or Town, Stefe)

shae Drive. SALISBURY M.D. 2181.

29a. Cartifiar (Check only one)

1 ANetural
2 Accident

3 ☐ Suicida

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

29b. Signatura

29c. License number 25036

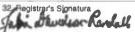
29d. Data signed (Month, Day, Year) 12-25-96

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar

31. Data filed (Month, Dey, Year)

DEC 3 0 1996



State of Maryland / Department of Health and Mental Hygiene 40608 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 3. Time of Death 2. Dete of Death Month **Physician** 2300 Trace Herber Dec /Medical 4e. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Cambridge
If Under 24 Hrs. 8, Bere of F General Dorchester orchester 8. Bere of Birth (Month, Day, Yea 5. Social Sacurity Number 9. Birthplace (State or Foreign Country) New York 6. Sex 7. Aga (In yrs. last birthday **Funeral** 1□M 2 F Days Yrs. 86 081-18-0854 T910 Director Usual Rasidance of Decedant with the Maryland 10b. County 10c. City. Town or Location 10d. Insida City Limita 7 ie marked other than "natural", or items 23a or 28a-f ehow traumatic event, tha Medical Examiner must be notified at 1 Yas 2 No Director Virginia Fairfax Burke 10e. Street end Number 10f. ZIp Coda 10g. Citizan of Whet Country? Apt. 319, 9608 Old Keene Road U.S.A. 22015 Funeral death permit. Pages 1 and 2 should be filled within 72 hours after deat Department of Health and Mental Hygiene. Important if Hem 27 ie marked other than "natural". ~ is any injury or other traumatic even. 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Biack, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yas 2 No Specify: þ Specify 3 ₩ Widowed 4 Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedant'a Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) Housewife Homemaker 17. Fathar's Name (First, Middla, Last) 18. Mothar'a Nama (First, Middla, Maiden Surname) William Ross Mae Sheehan 19a. Informant's Name/Raletionship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Rt. 3, Box 524, Scottsville, VA. 24590 Grace J. Rebein-Daughter 20a. Method of Disposition

D Burial 2 Cramation 3 Removel from Stata 20b. Placa of Disposition (Nama of cemetery, crematory or other placa) 20c. Location - City or Town, Stata Sarasota Memorial Pk 1-2-97 Sarasota, FL 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral/Service Licensee Curran-Bromwell Funeral Home, 308 High St., Cambridge, MD 21613 eass or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, and tonly one cause on each line. Approximate Interval Between Onset and Death **Physician /Medical Immediata Causa (Final disaasa or condition resulting in death) week Examiner Examiner physician and the burial-transit Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evanta reaulting in death) Lest Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or es e consequance of): attending 980 to signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 | Yee 2 No 3 | Probably 4 | Unknown à 24b. Wara eutopsy findinga available prior to completion of cause of daath? 24e. Wes an autopay performed? Completed peen has Exterococcus 2 No 1 ☐ Yas 2 ☑ No certificate 25. Was casa rafarred to medical examinar? Be 28. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yes 28 No 2 1 Inpatiant 2 ER/Outpatient 3 DOA this funeral 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: To the Hospital or Attending I within 24 hours after death. To the Funerel Director: After 5 Panding invastigation 1 Naturel 1 ☐ Yaa 2 ☐ No 2 Accidant completely filled in by the 3 Suicida 6 Could not be datermined Plece of Injury - At homa, farm, streat, factory, office building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida edical 29a. Cartifian 🔟 Certifying Phyelclan: To tha best of my knowledga, daath occurred at tha time, date and place, and dua to tha causa(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and mennar stated. 29b. Signeture and title of certifies 29c. License number 29d. Data signed (Month, Day, Year)

MD

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who completed causa of daath (Itam 23a) (Type, Print)

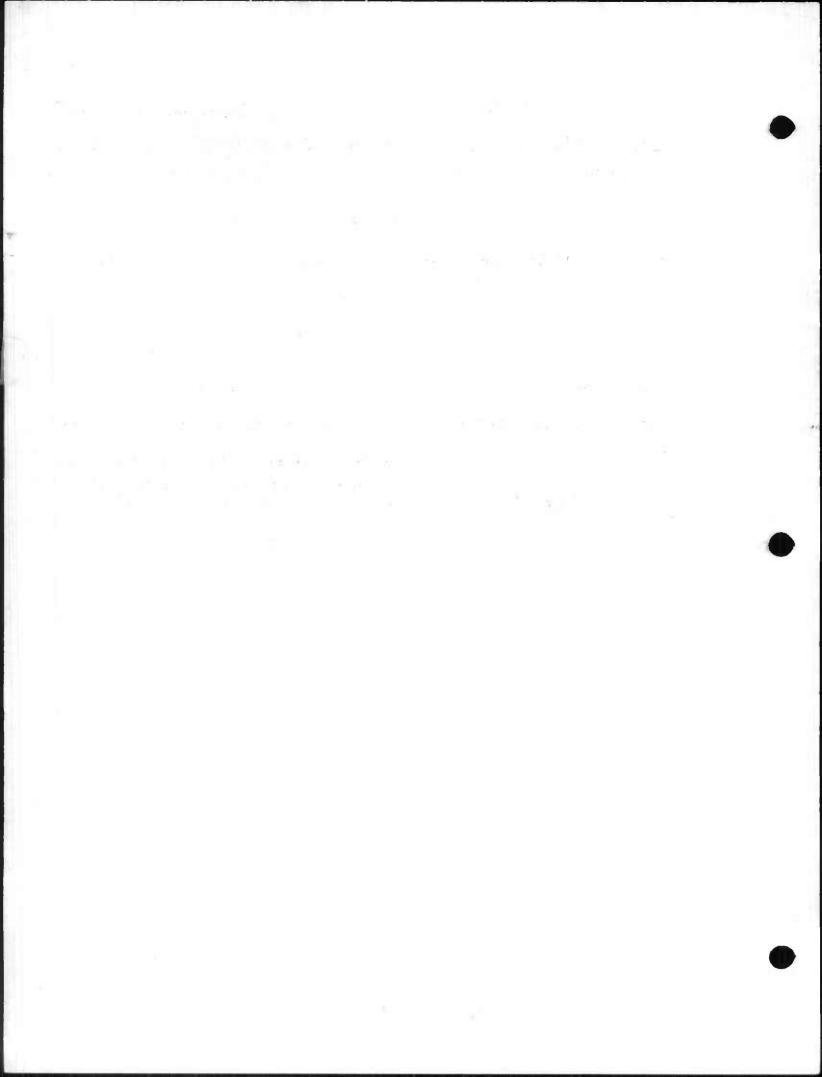
32. Registrar's Signature

MA

State Registrar

30. Name and address of person

31. Data filed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40609 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 09:54 ecious December 16 1996 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Glen Burnie, M. Anne Arunde I If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. 8. Date of Birth Month, Day, Year) SHARP TOWN undel Hospita 5. Social Security Number (Invrs. last birthday) Age 94 9. Birthpiace (State or Foreign 1 ☐ M 2 🛛 F SHARPTOWN, MD. Yrs. 188-30-6979 Usual Residence of Decedent 10c. City, Town or Location 10b. County 10d. Inside City Limits ANNE ARUNDEL 1√ Yes 2 No ANNAPOLIS 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2001 ALLIS STREET 21401-6458 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Naver Married 2 ☐ Married 1 ☐ Yes 2 ☐ No Specify: Specify: 3√ Widowed 4 Divorced BLACK 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Cotlege (1-4or 5+) DOMESTIC DRESS MAKER 11th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) WILLIAM ELZEY **BROWN** VICE ANN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) CLIFTON T. BROWN/BROTHER ADDRESS SAME AS ABOVE 20b. Place of Disposition (Name of cemetery, cremetory or other place ZION UM CH. CEM 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State SHARPTOWN, MD. 12 - 214 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service License 22. Name and Address of Facility JOLLEY MEMORIAL CHAPEL 1213 JERSEY ROAD: SALISBURY, MD. 21801 23a. Part1. Enter the disease, or complications that daused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each line. ntervat Betw Onsat and Death Immediate Cause (Final disaasa or condition resulting in death) minutes Due to (or as a consequence of): Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed?

Physician /Medical Examiner

physician end s the buriel-transit

signed by th

To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, it

Certification: To

edicai

The lew requires that the death certificete be executed

Box 68760

P.O. I

Records,

Division of Vital

Physician

/Medical

Examiner

10a State

MD.

Funeral

Director

must be notified at

Director

Funeral

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Completed

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permit. Pages 1 end 2 should be filed within 72 hours effer deal Department of Health end Mental Hygiene.
Important: If Item 27 is merked other than "natural", or Items 2 any injury or other traumatic event

Baltimore, Maryland 21215-0020

Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or trijury that initiated events resulting in death) Last Be Completed by

1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicel examiner? 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Yeer) 28b. Time of 28c. tnjury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide

6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide

1 Cortifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinton, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. (Check only 29b. Signature and title of certifier 29c. License number

29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

32. pegistraise Signeture Randall DEC 1 9 1996

State Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

If Under 1 Year

Physician
/Medical
Examiner

DOROTHY RICHARDS HOOK 4a. Facility Name (If not institution, give street and number)

10b. County

1. Decedent's Name (First, Middle, Last)

2. Date of Death DEC. 21 7:45 PM.

Funeral Director

28a-f show

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Items 23a

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important of Health and Mental Hygian.
Important if then 27 is marked other tha
any highy or other traumetic

Physician /Medical

Examiner

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The law requires that the death certificate be executed

P.O. Box 68760,

Records,

of Vital Physician:

Division

Physician/Medical Examiner

by

Completed

Be

P

Certification:

Medical

death

filed within 72 hours after

Baltimore, Maryland 21215-0020

maint be notified at

CARROLL COUNTY GENERAL HOSPITAL 5. Social Security Number 7. Age (In yrs. last birthday) 1 □ M 2 🖾 F 219-14-8840 86 Yrs

WESTMINSTER If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) Days

4b. City, Town, or Location of Death

CARROLL Birthplace (State or Foreign Country)

Usual Residence of Decedent

Director

Funeral

þ

Completed

Be

10a. State MD.

10c. City, Town or Location

MAY 2, 1910 MARYLAND 10d. Inside City Limits

10e. Street and Number

WESTMINSTER 10f. Zip Code

Months

1 ☐ Yes 2 No

1405 OLD WESTMINSTER PIKE

21157

10g, Citizen of What Country?

1 ☐ Never Married 2 ☐ Married

CARROLL

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No

 Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1□Yes 2XNo

14. Raca - American Indian, Black, Whita, etc. Specify: WHITE

3 Widowed 4 □ Divorcad

If Yes, Give Year or Dates: 15. Decedent's Education (Specify only highest grade completed)

16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired)

16b. Kind of Business/Industry

USA.

1996

4c. County of Death

Elamentary/Secondary (0-12) 12

College (1-4or 5+)

SEAMSTRESS

MANUFACTURING

17. Father's Name (First, Middle, Last)

FRANCIS WARREN BUSH

18. Mothar's Nama (First, Middle, Maidari Surname) CARRIE MAE DEVILBISS

19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1 1 5 7

CHARLES W. HOOK

- SON

1405 OLD WESTMINSTER PIKE, WESTMINSTER, MD. 20c. Location - City or Town, State

20a. Method of Disposition

XI Burial 2 □ Cremation 3 □ Removal from State

20b. Place of Disposition (Name of cametary, crematory or other place)

TRINITY LUTHERAN CEM. 12/24/96 WESTMINSTER, MD.

4 Donation 5 ☐ Other (Specify) 21. Sid

22. Name and Address of Facility FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD.

complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiratory arrest, only one cause on each line.

Approximata Onset and Death

Immediate Cause (Final disease or condition resulting in death)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

23b. Did tobacco use contribute to the cause of death? 1 Yes 2/1 No 3 Probably 4 Unknown

Part ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I

 Wara autopsy findings svailable prior to 24a. Was an autopsy performed?

25. Was case referred to medical examiner? 26. Place of Death (Check only one)

completion of cause of death? 1 ☐ Yes 2 ☐ No

1 Yes 2 No 27. Manner of Death

5 Pending Investigation

6 Could not be

1 Ampatient 2 ER/Outpatient 3 DOA 28b. Time of

Place of Injury - At home, farm, street, factory, offica building, etc. (Specify)

28c. Injury at Work?

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

29a. Cartifier

1 Natural

2 Accident

3 Suicide

4 Homicide

Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mannar ss stated.

| Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

one) 29b. Signature and title of certifit

29c. License number

29d. Date signed (Month, Day, Year)

281. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name and address of person

(Item 23a) (Type, Print)

21157

State Registrar 31. Date filed (Month

To the Hospital or Attending PP within 24 hours after death.

To the Funeral Director: After the complately filled in by the funera

A PART OF START

State of Maryland / Department of Health and Mental Hygiene

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						Cer	tificate of	f Death		Rag. No.	-	1001
	THE REAL		1. Decedant's Nama (First, Middla, Last)			-		2. Data of Da	aath		3. Time of Death
	Physic		(larence	Harry			10	nes	Month	er 23.	Year IGG /o	6: 30 A
В,	/Medi		4a. Fecliity Name (If not institution, give	streat and number)					r Location of Dear			(DO 14)
-	Exami	ner										
1		-	Fallston General				KIII-IIV-	Fallsto			rfor	
	Funeral		5. Social Sacurity Number 6. Sa	X 7. Age	e (In yrs. la:		If Under 1 Yea Months Days			rth ay, Year)	9. Birtho	place (State or Foreigntry)
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	W Ja	용	Maryland Harfor	rd.	Fo	rest	Hill -					1 ☐ Yas 2 N
	or 28	Directo	10e. Street end Number				10f. Zip Coda			10g. Citizan of	What Cour	ntry?
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	death with the Marylend ms 23a or 28a-f show Linual be notfied at	Funerai		12. Was Decedant E	Ever In 11 S	12 14			Casalé, Van as Al		e - Americ	an Indian
	5 £ £	5		Armed Forcas?		lf.	Yes, specify Cu	Hispanic Origin? (ban, Maxican, Pua	rto Rican, atc.)	Bia	ck, Whita,	
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21215-0020	72 hours "naturel",	Completed	15. Decedent's Edu (Specify only highast grade	cetion completed)		16a. Decede	ant's Usual Occu	upation e <i>during</i> m <i>ost of w</i>	orkina	16b. Kind of B	usinass/In	dustry
2	within ene. then "	id	Elamantary/Secondary (0-12)	Coilage (1-4or 5	+)	lifa. D	O NOT usa retir	e during most of wared)				
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P	be filed ttal Hygie d other event, to	Be	17. Fathar's Name (First, Middle, Last)					18. Mother's Na	ama (First, Middle	, Maidan Suman	ne)	
a	should be nd Mental marked o	To	Elmer Harrison	Jones				Mable	e Estel	la Grov	re	
Maryland	s 1 and 2 should if Health end Men item 27 ie marke other traumatic	-	19a. Informant's Name/Relationship (Ty	pe. Print)		19h Malling	Address (Street	et and Number or F			State 7in	Code
N	d 2 in		Richard T. Jones					idge Dr.				Coda)
é	of Health Item 27				OOb Die							
0	0 0		20a. Mathod of Disposition 1 ⊠ Buriei 2 ☐ Cremation 3 ☐ R	amovai from Stata	cen	natary, crami	ition (Nama of atory or other pl	ace)	Date	20c. Location	City or To	wn, Stata
E			4 □ Donation 5 □ Othar (Specify)	amovariioni otata	Bel	Air M	emorial	Gardens	12-27-9	Bel A	ir. N	Maryland
Baltimore,	permit. Par Departmen Important: any Injury		21. Signature of Funeral Service License	99. 1		22.	Name and Addi	rass of Facility				
m	Depa Impo any l		DOLLING (V)	(1/1)				McComas			e, P.	.A.
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			23e. Part1. Enfor the diseasa, or compil shock or heart failure. List only or	a causa on aach iin	tha daath.	Do not antai	r tha moda of dy	ring, such es cardie	ec or raspiretory e	errest,	1	Approximate Intarvai Between
	Physician			- J	111		1.	1 /1	11 -2		1 j	Onset and Deeth
7	/Medical		Immediate Ceusa (Final disaase or condition	TUDES	00301	s for	1985TIV4	Trooth s	Tarm	N	İ	10 rome
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~	centificate be axecut ding physician and ise es the buriel-trar	X	Sequentially list conditions, if eny, laading to immadiata causa. Enter Undarlying Causa (Disaase or Injury that Initiated events	n'	D00 10 101 a	s a consequ		. 1.1.	TI C	Like	į	
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8	phys the	흥	rasulting In deeth) Last		Dua to (or a	s a conseque	onice of):				i	
ox 6	certifi nding use es	//Medical									į	
Bo											1	
	law requires that the death les been signed by the etter s 2 should be deteched for r	Physicia	Part II. Other significant conditions con	tributing to death bu	t not rasultii	ng in tha unc	lariving ceusa g	iven in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death
P.O.	by th	t y	C - A C-	dila 11 11	^	W.	T	L. 1.		Yes 2□ No		sably 4 Unknow
	the ded	by P	Canal of Os	MI DILLIAN	1 N	11/1	TNASIA	21/10		100 2010	00,100	ALUIY 4 DITKITO
of Vital Records,	w requires that been signed be should be det		0 1 1	1 1 3	F	- 1	4 6	1 1 1	24e Was	an autopsy	24b. We	ere autopsy findings
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e	e law hes I	npi	1 0				1					death?
-	Page ate	Completed	and (ecc) Ver	tor Him	> - 6	Porit	mitie		10	Yas 2□No	10	Yas 2□No
ita	delan: The	Be	25. Was case referred to medical				4 11.41.5	26. Placa of De	eath (Check only o	ona)		
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0	£ 5 0		27. Manner of Death	28a. Deta of Injun (Month, Day		b. Tima of	28c. Inju		T	how Injury occur		7
0	After fun	to	1 Platurai 5 Panding Investigation	(Month, Day	Year)	Injury		ork?]Yas 2∐No				
S	dea dea	S	3 Suicida 6 Could not be	On Dian of Iniu	n. Athama				Opt Location (Connect and Advanta		10-1-11
Division	I or Attending Phetre death. Director: After the fin by the funeral	Certification:	4 ☐ Homicida datarmined	28a. Place of Injur building, atc.	(Specify)	a, tarm, stres	it, ractory, offica		City or To	Street and Numb wn, Stata)	er or Hura	roure Number,
Ц	led in bell											
	hour hour	edicai	29a. Certifying Physic (Check only 2 Medical Examin	cian: To the bast of	my knowle	dge, death o	occurred at the ti	ima, data and plec	e, and dua to tha	causa(s) and me	nner as st	ated.
	To the Hospital or Attending within 24 hours efter death. To the Funeral Director: After completely filled in by the fune		one)	and mannar stat	ed.	and of 11179	angenon, in my	opinion, daam occ	uned et the time,	oata and place,	and dua to	und COUSO(S)
	To t To t	Σ	29b. Signatura and titia of certifiar	1			29c. Lican	se number		29d. Data signe	d (Month, l	Day, Year)
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			30. Name and eddress of person who cor	0				Enlles	too Me	1/2/0	11	ALL THE
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State Registrar 31. Dete filed (Month, Day, Yaar)

DEC 26 1996 She Davidson Radall

State of Maryland / Department of Health and Mental Hygiene

96

_							Cen	uricat	e or	Death			Reg. No.		
	Physic /Medi		1. Decedent's Name (First, Mide Hedwig	ļ		TES Z					7	2. Date of De Month	Day	9 ber	3. Time of Death 10:45 A 4
ij	Exami		4a. Fecility Name (If not institution	on, give street and n	number)					4b. City, To	wn, or L	ocation of Deal	4c. C	ounty of Death	
			Southern Ma	ryland Ho	spit	tal				C]	into	on,	Pr.	ince Ge	orge's
	Funeral Director		5. Sociel Security Number .471–32–3561	6. Sex 1 ☐ M 2 ☐ XF	7. Age	(In yrs. last bir	thday)_ Yrs.	If Under Months	Days		24 Hrs. Min.	8. Date of Bir (Month, Da Nov. 2	th ly, Year) 9,190		plece (State or Foreign htty) Many
	and *		Usuel Residence of Decedent 10a. State 10b. Count	v		10c. City, Town	n or Loc	ation							10d. Inside City Limits
	ne Maryli 8a-f sho	ctor	Maryland Princ	•	s			Wash	ing	ton					1 ☐ Yes 2 No
	23a or 2	Funeral Director	10a. Street and Number 519 BroadCr	eek Drive	3			10f. Zip		744			10g. Citize	U.S.A.	ntry?
020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or Items 23a or 28a-f show but, the Medical Exercites must be notified at	by	11. Maritel Stetus 1 □ Never Married 2 □ Ma. 3 ☑ Widowed 4 □ Divorce	rried 12. Wes De Armed F 1 Yes If Yes, G Year or	Forces? 2001 Sive	190		es Decad Yes, spec	* *			ecify Yes or No Rican, etc.)		Race - Americ Black, White, pecify: Wh	
21215-0020	d within 72 hours af jiene. r then "neturaf, or the Medical Exerc	Completed	(Specify only highe	nt's Education est grade completed	1)	16a.	(Give ki	ent's Usua ind of wo O NOT us	rk done	dunna mos	t of work	ing	16b. Kind	of Business/In	dustry
212	filed withir Hygiene. fiher than	ошо	Eiementary/Secondary (0-12)	College N/A	(1-4or 5-	+)				s/Dree	make	er i	ress	Making	Industry
Maryland	d la b	To Be C	17. Father's Name (First, Middle									e (First, Middle		mame)	
Wary	2 8 9 5		19a. Informant's Name/Relation		- \		-					al Route Numb			
	Health Health om 27 i		Robert G. Ken	itesz (sor	1)	20b. Placa of				ek Dri		Fort Wa			
ultimo nit. Page artment o ortant: If I Injury or		1 XX unal 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (5	Specify)	n State	New Mc	y, crema onti	fior	ther pla	emeter	y 1		Long		, New York	
Bal	Depar Depar Impor any In		21. Signature of Funerel Service	Licensee)								ee Fune a Ferry			c. Md 20735
	118.27		23a. Part1. For the di ease, o ahock, or heart tailure. Lis	r complications that t only one cause on	caused each lin	the death. Do r	ot enter	the mod	le ot dyi	ng, such as	cardiac	or respiratory a	rrest,	T	Approximate tnterval Between
	Physician /Medical		Immediete Cause (Finai											† 	Onset and Death
	Examiner		disease or condition resulting in death)	e. Du	eum	mia									Zweeks
		ē		·	[Due to (or as a o	onsequ	ence of):							
	Bouted and transit	Examiner	Sequentially list conditions,	b	[Oue to (or as a c	onsequ	ence of):							
68760,	sician burie		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	с											
9 xo	certificate be executed nding physician end use as the buriel-transit	n/Medical	resulting in death) Lest	d		ue to (or es e c	onseque	ence or):							
m	£ 6	Physician	Part II. Other significant condition	one contributing to	death but	t not resulting In	the und	lerlying c	ause gi	ven in Part I		23b. Dld	lobacco us	e contribute to	the cause of death?
P.0	thet the		AltHeimer	s Dise	ASC							10	Yes 208	No 3□ Pro	bably 4 Unknown
Division of Vital Records,	law requires thet the death les been signed by the ette 2 should be deteched for	Completed by											en autopay rmed?	av co	ere eutopsy findings ellable prior to mpletion of cause death?
æ	The ate h	Com										101	res 2)1€1	No 1 [Yes 2□ No
/ita	Physician: The this certificate and director, par	Be	25. Was case referred to medica examiner?						7	26. Plece	of Deat	h (Check only o	ne)		
7	G is	ဥ	1 ☐ Yes 2 No	Hospital:	Inpatien	t 2 ER/Out	patient	3□ DO	/A		rsing Ho	me 5 Resid	dence 6	Other (Specif	y)
slon o	tending Pheath.	Certification:	Z D ACCIONIT	gation	of injury nth, Day		ime of jury	М 2	8c. injui Wor 1 □	ryat rk? Yes 2 □ I		28d. Describe I	now Injury o	ccurred	
DİVİ	Division To the Hospital or Attending is within 24 hours after death. To the Funeral Director: Attent completely filled in by the funeral		3 ☐ Sulcide 6 ☐ Couid 4 ☐ Homicide determ	nined 288 Mac	e of Injur	y - At home, far (Specify)	m, stree	t, factory	, office			28f. Location (3 City or Tox	Street and f vn, State)	lumber or Rurs	I Route Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Certifier 15 Certifyir (Check only one) 15 Certifyir 2 Medical	ng Physician: To the Examiner: On the b and man	e best of basis of e	examination and	deeth o	occurred a stigetion,	at the til	me, dete en opinion, dee	d place, th occurr	and due to the ed at the time,	cause(s) an date and pl	d manner as s ace, and due to	teted. the cause(s)
	To th To th	Me	29b. Signature and title of certifie					290	. Licens	se number			29d. Date s	igned (Month,	Day, Year)
			William 2	· dum	1	40		I	35	206			De	combe	22, 1996
			30. Name and eddress of person William T. 31. Date filed (Mooth Day, Year)	who completed cau	se of de	ath (Item 23a) (Type, Pr	rint)	ngs	ton R	ا م د	Fort	WASL	lington,	un
	Sta Registr	te ar	31. Date filed (Month, Day, Year)	1996 32.	Bedistrar	agigneture	Rardo	16	1						

State of Maryland / Department of Health and Mental Hygiene 96

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							Cer	tificate	e of	Death			Reg. No.		
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	Physic		Joseph	A. Kie	eliar	n						Month Dec	30 1	L996	4:30am
	/Medi Examii		4a. Fecility Neme (If not institution, g							4b. City, To	own, or L	ocation of Deat		unty of Deeth	
1	way.		4022 Font Hill D							E11:	icot	t City	Но	ward	
Н	Funeral			Sax	7. Age	(In yrs. lest bi	rthday)	If Undar	1 Yaar	if Undar		9 Date of Bi	eth	0.0:-	nolaca (State or Foreign
п	Director		213-01-5230	12 M 2□ F		88	Yrs.	Months	Days	Hours	Min.	Month, D. Apr 30	ey, Year)	Cou	nplaca (State or Foreign untry) cvland
			Usuel Residence of Decedent		,	00						MOT 30	, 1000	Micu	.ylana
	Man Man		10e. Stete 10b. County			10c. City, Tov	n or Loc	cation							10d. Inside City Limits
	Man	ŏ	Maryland Howar	-4		FI	1100	ott C	i + 17						1 ☐ Yas 2 ☒ No
	\$ 28 p	9	10e. Street end Number			111	110	10f. Zip	_				10a. Citizen	of Whet Cou	untry?
	With the second	Funeral Director	4022 Font Hill D	rivo					2104	12				ted St	
	eath 2	era	11. Marital Status	12. Was Dec	cedent F	Ever in II S	13 V				lain? (Sn	ecify Yes or No		Rece - Amer	
_	Hen Hen	5	1 Never Married 2 Merried	Armed F	orcas?		If	Yas, speci	ify Cubi	an, Mexice	n, Puerto	Ricen, etc.)	, , , ,	Bleck, White	
20	is a	b	3 StWidowed 4 □ Divorced	If Yes, G	ive		1	☐ Yes 2	(No	Specify	:		Sp	ecity: Tall-	nite
ŏ	n 72 hours after death with the Maryland "natural", or flems 23s or 28s-f show solice! Examiner must be notified at	8	15. Decedent's			168	Deced	ent's Usuel	LOccur	etion			16h Kind	of Business/l	
15	in 72	ojet	(Specify only highest g	rada completed			(Give I	kind of worl	k dorie e retired	during mos	st of work	ing	Too. Kind	01 0 0 0 11 10 0 0 0 1	radistry
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	Hyging Hyging		17. Father's Nama (First, Middle, Las			100			ay CI		er's Nem	e (First, Middle			Appry Co.
an	Mental Mental arked o	Be C	Coorgo Violian	•											
Maryland	should nd Men merke	2	George Kielian 19e. Informent's Neme/Reletionship	(Type Print)		10	Mollin	a Addrage	/Stroot			n Giza ral Route Numb	or City or Tr	our State 7	in Code)
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o	of Health Item 27		Dolores Pacione/ 20e. Mathod of Disposition	Daugnte	er	20b. Plece of				I Dr.	rve	Ellico		ion - City or T	
5	Pages nent of I rut: If ite		1 ☑ Burial 2 ☐ Cremetion 3		Stete	cemete	ry, crem	etory or ot	her pled	00)	1	5010	Loo. Loout	ion only or i	omi, Stata
Baltimore,			4 Donetion 5 Other (Spec	A Donetion 5 Other (Specify) Bel Air Memorial Garde 22. Name and Address of Facilit Harry H. Witzke											aryland
B	permit. Departm Importa any inje		21. Signeture of Funerel Service Lice	ensee	. 1	0 0	Ha	Neme end	Addre I. W	ss of Facili	Fur	neral H	ome, I	nc.	
	40240		den a.	allows.	- W	type	41	12 0	ld C	columb	oia I	Pike El	licott	City,	MD 21043
п			23a. Pert1. Enter the disease, or con shock, or heart feilure. List only	mplicetions thet y one cause on	caused eech iln	the deeth. Do	not ente	r the mode	of dyir	ng, such es	cardiec	or respiratory	errest,		Approximete Interval Between
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ч	/Medical		Immadieta Ceuse (Finel disease or condition	AS	PIR	ATION	IL	MEN	MO	NIA					3 DAYS
п	Examiner	I. I	resulting in deeth)	0.		Due to (or es a									30.713
	70 .52	je j		. 5.	TRO	KE									3 DAYS
	certificate be executed nding physician and use as the buriel-trensit	Examiner	Sequentially list conditions,	D		Due to (or es a	consequ	uence of):							
ó,	e ess vrial-		Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Diseese or Injury												
68760,	ate b hysic	Medical	that initiated events resulting in deeth) Last	C		Dua to (or as a	consequ	ience of):						1	
9 X	ing p	Mec												1	
Bo	2 6 3			d										-	
	0 0 0	Physician	Part II. Other significant conditions	contributing to d	death bu	t not resulting i	n the un	derlying ce	use giv	en in Pert	I.	23b. Did	tobacco use	contribute	to the causs of death?
P.0	by the	Phy	DOING STROVE	N 2770 . 4.1	,	22444	T 10.1		V A			10	Yss 2 1	No 3 Pre	obably 4 Unknown
	law requires that the as been signed by the 2 should be detach	b	PRIOR STROKE	Alkinc	411	SICILLY	110~	, 17	11/26	15 IEV	32101				
pig	been si should	P										24e. Was	an autopsy ormed?		Vere sutopsy findings veilable prior to
S	aw re is be 2 sh	plet										, po	51111001	C	ompletion of cause of death?
ď	0 - 8	Completed										10	Yes 2 K	lo 1	□Yes 2□No
ta	certificate rector, pa	Bec	25. Wes cese referred to medical							26 Place	a of Deat	h (Check only			2100 22110
of Vital Records,		To B	axaminar? 1 ☐ Yes 2 🕱 No	Hospitel:	inpatiar	nt 2 ER/O	itantinat	3□ DO/	Oth	ar.		me 5 Res		10th as (Co.s.)	
	Phys rthis aral di		27. Menner of Deeth	28e. Dete	of Injun	y 28b.	Time of		Bc. Injur Wor		ursing no	28d. Describe			ny)
on	ding h. After funer	tio	1 Neturel 5 ☐ Pending 2 ☐ Accident investigati		nth, Day	Year)	Injury	M		k? Yes 2□	No				
S	deal ctor: y the	flca	3 ☐ Suicide 6 ☐ Could not	be on our	e of Iniu	ry - At home, fe	erm stre					28f. Location	Street and N	lumber or Ru	ral Route Number.
Division	or after Dire	Certification:	4 ☐ Homicide datermine	build	ling, etc.	(Specify)	J	at, tastory,	, 0,,,,				wn, State)		
	pltal ours fille		29e. Certifiar 1 Certifying P	hvelclan: To the	a haet of	f my knowleder	dooth	occurred a	t the tie	ne dete er	nd place	and due to the	course(s) on	d mannar as	etated
	To the Hospital or Attending P within 24 hours after death. To the Funeral Director: After the completaly filled in by the funeral completaly filled in the funeral completaly f	edical	(Check only 2 Medical Exa	miner: On the b	pasis of	examination ar	d/or inv	estigetion,	in my o	pinion, dee	th occur	red et the time,	dete end ple	ece, and due	to the cause(s)
	of the office of	X	29b. Signeture end title of certifier	5.14 11/01				29c.	Licans	a number			29d. Dete s	igned (Month	, Day, Year)
	FSFÖ		Joseph J.	Hellan.	ms				13	8296	5			31,	
	1		11				-		0	9 ~ 1 #			000	- ' /	
			JOSENH F GIBBONS						DA	£ 00 , 1	1/4-	+ /		210	42
			JOSEPH F GIBBONS 31. Dete filed (Month, Dey, Year)						NO	FLL	1001	1 CITY	MD	210	74
	Sta Registr		DEC 3 1 1	996	Lin d	s Signature	Toda	el,							
	ricgisti	ui	DECOTI	000											

State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificat	te of	Death			Reg. No.	50	40014
			1. Decedent's Name (First, Middle,	Last)							2. Date of De		Wasa	3. Time of Death
	Physic /Medi		Edward	J.	Kess]	ler					Decemb	er 30,	1996	6:00 a.m
	Exami		4a. Facility Neme (If not Institution,	give street and number	er)				4b. City, To	wn, or Lo	cation of Death		y of Death	
			3003 Teak Lane						Bow	ie		Princ	e Geo	orge
	Funeral Director		5. Social Security Number 155–16–0146	6. Sex 1√2 M 2□ F	Age (In yrs. last 75	birthday) Yrs.	If Under Months	r 1 Yeer Days	if Under Hours	24 Hrs. Min.	8. Dete of Birt (Month, Da DeC - 7	h	9. Birthp	place (State or Foreign of try) Jersey
	D		Usual Residence of Decedent							1			1101	GCLBCY
	e Marylar Sa-f ahow	ctor	Maryland Princ	ce George	10c. City, To		ocation						1	0d. Inside City Limits 1 Yes 2 No
	th with th	Funeral Director	10e. Street and Number 3003 Teak Lane				10f. Zip	0715				10g. Citizen of U.S.A		itry?
020	72 hours after death with the Maryland netural, or Hems 23s or 28s-f show digal Exempler must be notified at	by	11. Meritel Stetus 1 Never Married Marrie 3 Widowed 4 Divorced	12. Wes Deceded Armed Force 1 1 Yes 2 If Yes, Give Year or Date:	s? □No WWII	Ô¢	Wes Decedif Yes, specific Yes, specific Yes		lispanic Or an, Mexica Specify:		ecify Yes or No Rican, etc.)	14. Re Bis	ce - Americ tck, White, fy:	
21215-0020	i within 72 hours liene. r than "natural", the Medical Exe	Completed	15. Decedent's (Specify only highest Elementary/Şecondary (0-12)			(Give life.		ork done se retire	during mos d)	t of worki	ing	16b. Kind of E		
	filed w Hygien other th	Ö	Grade 12			Traf	fic	Stud	ies			Telep	hone	Company
밀	S a b	Be	17. Father's Name (First, Middle, L.	ast)					18. Moth	er's Name	(First, Middle,	Maiden Sumai	пе)	
yla	should be nd Mental merked o	2	Edward J. Kessle	er					Elsi	e Ma	tilda K	irschle	r	
, Maryland	d 2 sh h and 7 ie m traum		19a. informant's Neme/Relationshi Betty Kessler	p (Type, Print) / Spouse							Maryla			Code)
Baltimore,	Pages 1 and nent of Healt int: If Item 2:		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe		(0	itery, crer	sition (Name to ry or o	other pla		1	an ^{Dat} 3,	20c. Location		own, State
Balti	permit. Pages Department of Important: If it any injury or office.		21. Signature of Funeral enroce Li	censes	ss of Fecili Fune	ral 1	Home, P	.A.						
			23a. Part1. Enter the disease, or c shock, or hear failure. List or	ag	and the death D	3	313 Ta	albo	tt Av	enue	Laure	l, Mary	land	20707 Approximate toterval Between
Р.	Physician Medical pe sweculed Medical Me	al Examiner	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	a. R.	Due to (or es	a consec	quence of):	-m	ۈ, cti	lu.	lu	y Di	seas	- 167x
20x 68	ding ding	lan/Medical	resulting in death) Last	d	Due to (or es	a conseq	uence of):		·					
л. О	that the death ed by the atter detached for u	Physician	Part ff. Other eignificant condition	s contributing to death	but not resulting	g in the u	nderlying o	ause giv	en in Part	l.	23b. Did 1	-		the cause of death? bably 4 Unknown
Records,	aw requires ts been sign 2 should be	Completed by										an autopsy med?	ave	ere eutopsy findings allable prior to mpletion of cause death?
	The ate h	5									101	'es 2□No	10	Yes 2□ No
NIT ST	Ician: The certificate rector, pay	Be	25. Was case referred to medical examiner?						26. Place	of Deeth	(Check only o	ne)		
0	2 00	2	1 ☐ Yes 2 ☑ No	Hospitel: 1 🗆 inpa	tient 2 ER/	Outpatier	nt 3 🗆 DC	Oth Oth	ler: 4□ Nu	ursing Hor	me 5 Resid	lence 6 🗆 Oti	her (Specif	y)
	After After	atlon:	27. Manner of Death 1 Panatural 5 Pending 2 Accident investiga	tion	olury 28t Day Year)	o. Time of injury	M 2	28c. injui Woi 1 □	yat k? Yes 2□		28d. Describe h	now injury occu	rred	
Division	2 4 7 5	Certification:	3 Suicide 4 Homicide 6 Could no determin	ed 200. Place of I	njury - At home, etc. <i>(Specify)</i>	farm, str	eet, factory	y, office		1	28f. Location (S City or Tow		ber or Rura	il Route Number,
	To the Hospital or Attend within 24 hours after deat To the Funeral Director: completely filled in by the	edical	29e. Certifier (Check only one)	Phyercian: To the best taminer: On the basis end manner	of examination	lge, death and/or inv	occurred vestigation	at the tir , in my o	ne, date an pinion, dee	d place, o	and due to the dead at the time,	cause(s) and m date and piece,	anner as st	ated. the cause(s)
	To the To the comple	Σ	29b. Signeture and title of certifier				290	c. Licens	e number			29d. Dete signe	d (Month,	Day, Year)
	15		MOI	0			_	5	14	1 1	~ M.	1213	ala	1
	vet		30. Name and address of person wi	no completed cause of	death (Item 23s	a) (Type	Print)		_ 7	ر ر	O WA	1-	-014	0
	Sta	te	MoT L 31. Date filed (Month, Day, Year)	KOUL	M.D		7							
	Registr	_	DEC 3 1 19		toutercha	rebill								

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Deta of Deeth 3. Time of Death Month **Physician** 22 Day Elizabeth A. Dec 1996 Kerns 10:00am /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 6501 Belview Drive Columbia Howard Hours Min. 8. Date of Birth (Month, Day, Year)

June 10, 1 5. Social Security Number If Undar 1 Yaar 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□ M 2X F Months Days Yrs. Director 461-36-4800 68 1928 Texas Usuai Rasidence of Decedant Peges 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene.

Intt: If Idem 27 is marked other than "natural", or frems 23s or 28s-f show Lry or other traumstic event, in a Medical Examiner must be notified at 10a Stata 10b County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yas 2 ☒ No Directo Maryland Howard Columbia 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 6501 Belview Drive 21046 United States Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 IXYes 2 □ No If Yas, Giva Yeer or Datas: Korean 14. Race - American Indian, Black, Whita, atc. Was Decedant of Hispenic Origin? (Specify Yes or No If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐No Specify: by Specify 3 Widowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) Nurse Hospital 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Richard Richardson Emma Lucille Bogan 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Susan Meyer 6501 Belview Drive Columbia, Maryland 21046 20e. Mathod of Disposition 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ØCrametion 3 ☐ Ramoval from Stete Department of important: If any injury or once. 4 ☐ Donation 5 ☐ Othar (Specify) Balt-Washington Crematory12-23-96 Laure1, MD 21. Signature of Funerel Servica Licenses 22. Name end Addrass of Fecility Harry H. Witzke Funeral Home, Inc. dur 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata tntervai Between Onset and Death **Physician** /Medical Immediata Causa (Finai disaasa or condition rasulting in daath) he Examiner Dua to (or as a consequence of): Examiner 7'1 mm attending physician and for use es the buriel-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Dua to (or as a consequence of): The law requires that the death certificete be axed Division of Vital Records, P.O. Box 68760, Ayponunodi Physician/Medical Dua to (or as a consequance of): signed by the all d be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24e. Was en eutopsy performed? page 2 s 1 Yas 2 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certific 25. Was case refarred to medical axaminar? Be 28. Pleca of Death (Check only orfa) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Aesidance 8 Othar (Specify) 1 Yas 2 No 2 27. Manner of Daath 28a. Data of tnjury (Month, Day Year) Certification: 28b. Time of 28d. Dascribe how injury occurred 28c. tnjury at Work? t ONatural 5 Panding 1 Yas 2 No invastigation 2 Accidant 6 Could not be datamined 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homiclde 24 hours 6 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartiflei Medical To the Hosp within 24 ho To the Fune completely fi 29b. Signature and title of certifie 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who complated cause of daeth (Itam 23a) (Type, Print) 2 Knoll N. Drive Colombia us 21045 SUMMERS

State Registrar V 1996

32, Ragistrers Signatura

State of Maryland / Department of Health and Mental Hygiene

96 40616

						Cei	rtificate	e of	Death		Reg. I	No.		
			1. Decedant's Nama (First, Middla, La	ist)							of Death			3. Time of Death
	Physic /Medi		Dorothy E. Kirst	-						Dece		Dey 7, 19	Yaer 996	10:15 AM
	Exami		4a. Fecility Neme (If not Institution, gh		er)			14	4b. City, Town	, or Location of	_		y of Death	
			St. Mary's Hospit	al					Leona	rdtown		St.	Mar	v 's
1	Funeral				Age (In yrs. I	lest birthday)	If Under		If Undar 24		of Birth th, Day, Yea			place (Stete or Foreign ntry)
	Director		056-38-4364	1□M 2□xF	88	Yrs.	Months	Days	Hours	Min. (Mon	th, Day, Yea	1908	Penr	ntry) isylvania
	ъ		Usual Rasidance of Dacedent											io y a v o ii a o
	ylan		10a. Stata 10b. County		10c. City	, Town or Lo	cation						1	10d. Insida City Limits
	Ma	io	Maryland St. Mar	v's		Holly	hoos						-	1 ☐ Yas 2 ☐ No
	w 28	ie e	10e. Streef and Number	., .			10f. Zlp	Coda			10g.	Citizen of	What Cou	ntry?
	within 72 hours after death with the Maryland ene. than "natural", or Nerns 23s or 28s-f show he Medical Experient must be notified at	Funeral Director	44821 Joy Chapel	Road			20	636			U	nited	Sta	tes
	Nems ?	Der	11. Marital Status	12. Was Decede			Wes Deced	ent of H	lispanic Origin	? (Specify Yes	or No-			can Indian,
0	after or for	3	1 ☐ Never Married 2K Merried	Armed Force						Puarto Rican, at	c.)		ck, White,	etc.
21215-0020	Sur - E	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Give Yeer or Deta	is:		1 ☐ Yas 2	. Mo	Specify:			Specif		ite
5-0	72 hours natural.	Completed	15. Decedent's E (Specify only highast gr	ducation		16a. Dece	dant's Usua	l Occup	ation during most o	Luncking	16b	Kind of B	usinass/in	dustry
21	an and	pje	Elamentery/Secondary (0-12)	College (1-4	or 5+)	lifa.	DO NOT us	e retired	during most of	Working			(
	d wi	5	12			Но	ousewi	fe				N/A	`	
B	of H	Be (17. Father's Name (First, Middla, Last)					18. Mother's	Nama (First, A	iddle, Maid	en Sumar	na)	
la	should be filed withling Mental Hygiene. marked other than matic event, the Mental Men	To	Earle W. Livingst	on					Cla	ra Jone	S			
Maryland	2 ahould be filed with a and Mental Hygiene, is marked other than reumstic event, the		19a. Informant's Name/Raiationship ((Type, Print)		19b. Mailir	ng Addrass	(Streat	and Number	or Rural Routa	Number, Cit	y or Town	, Stata, Zip	Code)
	s 1 and 2 ahould be filed within 72 hr if Health and Mental Hygiene. Itam 27 is marked other than "natur other traumatic event, the Medical		Harry G. Kirst	Husb	and	44821	l Joy	Cha	pel Ro	ad, Hol	lywoo	d, MI	206	36
ore	of Health Itam 27 r other tr		20a. Method of Disposition	70	C	iace of Dispo	sition (Nam	na of thar plac	ca)	Data	20c.	Location -	- City or To	own, Stete
Ĕ	Pages nent of h int: if its iry or o		1 ☐ Burial 2 【X Crametion 3 ☐ 4 ☐ Donation 5 ☐ Othar (Spaci		ita				atory	12/9/9	6 A16	xand	ria.	Virginia
Baltimore,	교투류증		21. Signatury of Funaral Service Ma	nses	1	22	2. Neme end	d Addra	ss of Facility				,	11101111
m	Departiment in portion		Melle 1850	4						ral Hom				00450
	_		23a. Part1. Entar tha disaasa, or com shock, or haart failura. List <i>on</i> ly	nkenship		n. Do not ant	ar the mode	OX a of dyln	2/9, L	eonardt	tory arrest.	laryı	and	Approximate
	Physician	6.3	shock, or haart failura. List <i>on</i> ly	one thuse on aac	h lina.								1	Intarval Between Onser and Death
9	/Medical		immediata Causa (Final											
	Examiner		disease or condition rasulting in death)	a. Acu	te Myo			arc	tion				i	3 Days
	M S	ē		0		r as a consec	-						i	10 11
	oned anait	Examiner		b. Cor	onary			ease					1	10 Years
,	entificate be executed ding physician and se es the bufat-tranait	Exa	Sequanticity list conditions, if any, leading to immediata cause. Entar Underlying	Цип	ertens	es a consec	(uance or):							
68760,	skila bur		Cause (Disease or Injury that initiated events	c										
89	ficat phy ss th	Medical	resulting in death) Last		Due to (or	as e conseq	juence oi):							
XO		3		d										
m	death e atten	Physician	Port If Other significant conditions	antibutine to deat	h h.ul ==1	daine to the co			on to Dalet	024	Didashas			4 Abo a of do
P.0	that the death ed by the atte detached for	hys	Part If. Other aignificant conditions of	withouting to death	n but not rasu	nung in ine u	ndanying ca	ausa giv	en m ran i.	236	1 ☐ Yee			o the cause of death'
	signed b	by P									1 🗆 100	2 LJ NO	3 110	bably 4 Unknow
Records,	iaw requires that the as been signed by th 2 should be detache									24a	. Was an au		24b. W	era autopsy findings
00	v requir	Completed									performed	}	0.0	vallable prior to empletion of cause death?
Re	B = B	Ē										1		
0			05.11	1				_			1 Yas	2.0 No	11	☐ Yas 2☐ No
Vital	Physician: this certific ral director,	Be	25. Was casa rafarrad to medical axaminar?	Hospital:				Oth	or:	f Death (Check				
o	Phys this ral di	: To	1 ☐ Yes 22 No 27. Manner of Death	28a. Data of I		ER/Outpatier 28b. Tima of	-	A Bc. injur	4 LI Nursi	ing Home 5	Residance cribe how in			<i>(y)</i>
	afing Ph After th funeral	lo.	Netural 5 ☐ Pending	(Month,	Dey Year)	injury	M	Wor	k? Yas 2 □ No		CHOS HOW II	ijury occur	1100	
S	Attending or death. ector: After by the fune	ca	2 Accident invastigatio 3 Sulcide 6 Could not b	e con Dines -6	Information at how	ma farm at			1 d5 2 140		tion (Ctroot	and Num	har or Dun	al Route Number,
Division	i or Attenate after death Director:	Certification:	4 ☐ Homicida datamined	28a. Place of building,	atc. (Spacify		eat, lactory,	, Offica		City	or Town, St	ate)	per or mure	si noute rumber,
	pitai Surs Milled		On Codillos altabases and			1-1								
	To the Hospital or Attenwithin 24 hours after dealing to the Funeral Director: completely filled in by the	edicai	29a. Certifiar (Check only one) Check only 2 Medical Example 1	nysician: To the be miner: On the basis	s of axaminati	viedga, death i <i>on</i> end/or in	n occurred a vastigation,	in my o	na, data and p pinlon, daath	occurrad at tha	tima, data	(s) and mand place,	annar as a and due f	dated. o the cause(s)
	thin thin	Z E	29b. Signature and this of certifier	and mannar	statad.		290	Licans	a number		29d	Date signs	ad (Month	Day, Year)
	F 3 F 8	1000	1 /	C 0	0 1									Say, roury
			(Sen	DR-M.				5004	4		12	/7/96	5	
	(50)		30. Nema and addrass of person who		of death (Itam									
	(6)		Mohammad Rahman,	M.D.		Leon	nardto	own,	Maryl	and 206	50			
	Sta		Mohammad Rahman, 31. Data filed (Month, Day, Year) DEC 12 19	32, Regi	Strer's Signet	Rodall	(
	Registr	ar	UEU 12 19	16 July	OU RUNTHUNK	- I CUPO GLA	•							
DH	MH 16 Ray 6/9	5												

DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene

lental Hygiene 96 40617

						Cert	ificate of	Death	•	Reg. No.			
			1. Decedent's Nema (First, Middle, Last,)					2. Dete of De	eth		3. Tim	a of Deeth
	Physic /Medi		Wayne Robert Knott	t					Decemb	er Ib, 1	.996	234	+7
	Exami		4e. Facility Neme (If not institution, give					4b. City, Town, or					
			Patuxent River Nav	val Hospi	tal			Patuxent		St. M	2	S	
	Funeral Director		5. Social Security Number 6. Sep 21.4-58-2252 Usual Residence of Decedent	344 -07 -	e (In yrs. Ia 46		If Under 1 Year Months Days	r If Under 24 Hrs Hours Min.	8. Date of Bir (Month, De February	th 19. Year) 7 28, 1950	9. Birthp Cour Mary	oleca (Stentov) y Land	te or Foreign
	/land		10e. Stete 10b. County		10c. City,	Town or Loca	tion				1	IOd. Inside	City Limits
	Man	to	Maryland St. Mary	v's	Pa	rk Hali	L					1 🗆 Y	es 2 No
	r 28s	e e	10e. Street end Number	/			10f. Zip Code			10g. Citizen of V	What Cour	ntry?	
	h witi	<u></u>	P.O. Box 98				20667			United	Stat	es	
20	n 72 hours after death with the Maryland "natural", or items 23a or 28a-f show edical Examiner must be notified at	by Funeral Director	11. Maritel Status 1 Never Merried 2 Married 3 XWidowed 4 Divorced	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 ☑ 1 If Yes, Give Yeer or Dates:			es Decedent of es, specify Cub	Hispenic Origin? (S ben, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)	Specify	ck, White,		•
Maryland 21215-0020	hou		15. Decedent's Edu	12710		16a Deceder	nt's Usuel Occu	pation		16b. Kind of B			
15	C	Completed	(Specify only highest grade	a completed)		(Give kit	nd of work done NOT usa retin	during most of world)	rking	100. KING OF BI	3511165571118	busiry	
212	filed within Hygiene. other then	E O	Elamantary/Secondery (0-12)	College (1-4or 5	5+)	Carper		,		Constru	ictio	n Cor	npany
p	등 독표 류	BeC	17. Fether's Neme (First, Middle, Last)					18. Mothar's Nar	na (First, Middle	, Maiden Suman	10)		
lar	0 2 7 5	ToB	James I. Knott, Ja	r.				Juliann	a Mayor				
ary	id 2 should be tith end Mental it? Is marked of traumatic eve		19e. Informent's Name/Reletionship (Ty	pe, Print)		19b. Mailing	Address (Stree	t and Number or Ru	ural Routa Numb	er, City or Town,	State, Zip	Code)	
Σ	eith e		Karen M. Knott	Daugh	ter	45801	Jav De	e Court,	Lexingt	on Park,	MD	2065	3
Baltimore, Misperial Pages 1 and 2 Department of Heelin e Important: If item 27 is any injury or other trea			20e. Method of Disposition		20b. Pie	ce of Disposit			Dete	20c. Location -			
			1 🖾 Burial 2 ☐ Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	emovel from Steta			Cemeter		20/96	Lexingt	on P	ark,	MD
Balti	permit. Departm Importa any Inju		21. Signature Tuneral Syrice Conse	field, Jr	MOOO			ess of Fecility d Funeral				06.50	
4		0.0	23a. Pert1. Enter the disease, or complishock, or heart failure. List only or					279, Leon			ina Z	Approxim	nate
Physician			shock, or heart failure. List only or	ne cause on each lie	ne.		-				i	tnterval	Between nd Death
Physician /Medical			immediate Causa (Finel	Pa	do	1.0.	M	redial	C.F.	10-7		0	
	Examiner		disease or condition resulting in deeth)			as a conseque		MRC.AL	, Lui	veer 10	-	00	
		Jer			Due 10 (01 1	as a conseque	ince or).				1		
	seth certificate be executed ettending physician and for use as the burial-transit	Examiner	Sequentially list conditions). ————	Dua to (or a	as a conseque	ince of):						
ó	an ar		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying										
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/ita	Physicien: The this certificate ral director, pag	Be	25. Wes case referred to medical					28. Place of Dea	ath (Check only	ona)		t	1
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		ü	27. Find r of Death 1 Netural 5 □ Pending	28e. Dete of tnjur (Month, Day	ry y Year) 2	28b. Time of Injury	28c. inju	iny at ork?	28d. Dascribe	how injury occur	red		
sio	Attending Ph r death. ector: After th by the luneral	cati	2 Accident Investigation				M 1]Yes 2□No	1	me			
Division	tal or Attendent is effer death al Director: led in by the	Certification:	3 Suicide 6 Could not be datermined	28e. Place of Injubulding, etc.	ury - At hom c. (Specify)	ne, farm, stree	t, fectory, office		28f. Location (City or To	Street and Numb wn, State)	er or Rura	il Route ∧	lumber,
	To the Hospital or Att within 24 hours effer of To the Funeral Direct completaly filled in by	ledical	one)	ician: To the best of ear: On the basis of end menner ste	examinetio	edga, daeth o en end/or inves	ccurred at the titigetion, in my	ime, dete end plece opinion, deeth occu	, and due to the rred et the time,	causa(s) and ma date end pleca,	end due to	tated. the ceus	e(s)
	To the within 2 To the comple	Σ	29b. Signature and title of certifier	_/_			29c. Licen			29d. Dete signe			r)
			· W m	J Don	1)		1) (1285		12-	18-5	76	
			30. Nema end address of person who co	mpleted cause of de	eeth (Item 2								
			William Boyd II, 1	M.D.		Leona	rdtown,	Maryland	20650				

32. registras Signeture Randall

State Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Day Veer **Physician** 0431 KITTEL December 16, 1996 /Medical WERNER-H. 4e. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year Months Days H Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1 ₺ M 2 ☐ F 80 Yrs GERMANY Director JUNE 5,1916 213-07-3351 Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Health Experiment pages. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits X□ Yes 2□ No Director WILLARDS WICOMICO MD. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 21874 7330 TRUITT STREET Funeral 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American indian, Black, White, etc. 1 ☐ Yes 2 🛣 No If Yes, Give Year or Detes: 1 ☐ Never Married 2 Merried WHITE Baltimore, Maryland 21215-0020 1 ☐ Yes 💹 No ò 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) PHYSICAL SITE SUPERINTENDENT STEEL CONSTRUCTION 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumama) Be ANNA BERTHA LINDNER 2 HERMAN G. KITTEL 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 7330 TRUITT ST, WILLARDS, MD. 21874 AGNES KITTEL 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 X Buriai 2 ☐ Cremation 3 ☐ Removal from State 12/20 LOUDEN PARK CEMETERY BALTIMORE, MD. 4 ☐ Donation — 5 ☐ Other (Specify) 21. Signature of Punerei Servica Licensee 22. Name and Address of Fecility BOUNDS FUNERAL HOME, SALISBURY, MD. 21804 uala Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical immediete Cause (Final disease or condition resulting in death) a Myocarpial INFARCTION Examiner Due to (or as a consequence of): Examine physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequenca of): attending Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? the signed by to 1 Yes 2 No 3 Probably 4 Vunknown p 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed peen hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 ER/Outpatient 3 DOA this After this funeral 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred Certification: 1. Natural 5 Pending investigation To the Hospital or Attendit within 24 hours after death.

To the Funeral Director: All completely filled in by the fu death. 1 Yes 2 HNo 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide 29a. Certifier MCcertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Descripting Physician: 10 the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner steled.

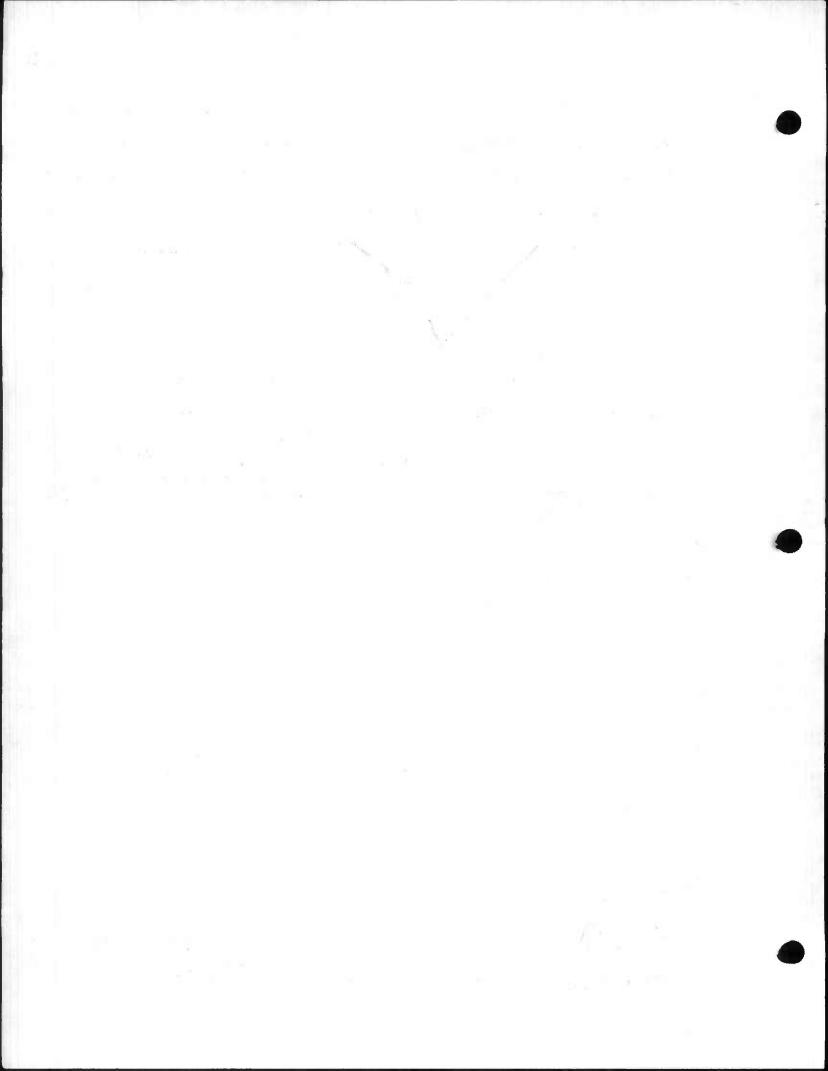
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steled. 29b. Signature and title of certifier 29c. License number 29d. Dete aigned (Month, Day, Yeal) thun me end eddress of person who completed cause of death (Item 23a) (Type, Print) MD 560 RIVERSIDE DR SAUSBUR Md 32. Pégistrara Signature Randell DEC 1 8 1996 State Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

96 40619

_						Ce	rtificate	of .	Death	F	Reg. No.		
ı	Physic	ian	1. Decedent's Neme (First, Middle, L Doris Wr	ight	Litt					2. Dete of Dee Month	oth Dey	Yeer	3. Time of Deeth
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U	Exami	ner	4e. Fecility Neme (If not institution, g	ive street end nu	mber)				4b. City, Town, or Lo	ocation of Deeth		ty of Deeth	
	4.0		Southern Marylan	d Hospi	tal				Clinton		Princ	e Geo	rge's
П	_e Funeral			Sex	7. Age (In yr.	s. last birthdey)	If Under 1 Months D	Year Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day			olece (Stete or Foreign
e.	Director			1□M 2□F XX	71	Yrs.				June 6,	1925	Sout	h Carolina
	pud *		Usuel Residence of Decedent 10e. Stete 10b. County	727	100.0	City, Town or Lo	antion					T.	
	sho	5	Maryland Prince	Ceorge 1		Forest							0d. Inside City Limits 1 ☐ Yes 2 🕅 No
	he N	ecto		ocorge .	5	roresc	_						
	8 6	급	10e. Street end Number 7403 Mason Stree	+			10f. Zip Co	ode 074	17		U.S.A		ntry?
	eath m 23	Funeral Director		T	adant Francis i	11.0				4 14			
_	her d	E.	11. Maritel Stetus 1 ☐ Never Married 2 ☑ Merried	Armed Fo		U,S. 13. 1	Yes Decedent 1 Yes, specify	Cube	lispenic Origin? (Spen, Mexican, Puerto	Ricen, etc.)	14. He	ce - Americ ock, White,	
020	72 hours after death with the Maryland "natural", or items 23s or 28s-f show rdical Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes It Yes, Gir Yeer or D	Ve Netes:		1□Yes 2亿	No	Specify:		Speci	fy:	White
0-	2 hou	8	15. Decedent's E	ducation		16e. Deced	dent's Usuel C)ccun	etlon		16b. Kind of E	Ruelneed/Inc	duetny
215	C F 6	Completed	(Specify only highest g	rade completed)	4.40-5.3	(Give life.	kind of work o	done d	during most of work	ing	TOD. TRITO OT E	703H1033H1	Justry
21	filed within Hygiene. other than "	E	Elementery/Secondery (0-12)	College (1-40r 5+)		Homemal				Но	mo	
p	be filed tal Hygi d other event, I	Bec	17. Fether's Neme (First, Middle, Las	t)		-		201	18. Mother's Neme				
lar	D = D =	ToB	Clayton	Wrigh	nt				Wreani	ie H	Iannah		
Maryland 21215-0020	d 2 should th and Mer 7 is marks traumatic		19e. Informent's Neme/Relationship James Lee Litt	(Type, Print)	31	19b, Mailir	Address (S	treet	and Number or Rure treet For	al Route Numbe	r, City or Town	, State, Zip	Code)
	CHNF		James Lee Litt	te (Husi	oana)	/40.	3 Mason	n S	street For	restvill	.e, Mar	yland	20/47
ore	ges 1 and tof Heal		20e. Method of Disposition			Plece of Dispo	sition (Neme	of r nler	Dec. 23	Dete	20c. Location	- City or To	wn, Stete
E	a 2 4 >		1 Burial 2 □ Cremetion 3 [4 □ Donetion 5 □ Other (Spec			ryland			1	1996	Chelte	nham,	Maryland
Baltimore,	교원관등 .		21. Signature of Funeral Sepfice Ligs	nsee	1 2 3		. Neme end A			e Funer	ral Hom	e In	C
m	Depa impo eny i		DA 5 5+	_					lexandria				
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	Physician		snock, or neert tellure. List only	one cause on e	ech line.					(Approximate interval Between Onset and Deeth
	/Medical		Immediete Ceuse (Finel diseese or condition	(.1	4 a	11	0	1	- Cl		mot.	5	
	Examiner		resulting in deeth)	е	Due to	or es e conseq	neuca ot).	V				+	
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	cuted	Examiner	Sequentially list conditions.	b. ———	Due to (or es e conseq	uenca of):						
Ó,	e exe lan a unaH		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury										
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Box		any		d								1	
	0 0 0	Physicia	Pert II. Other significant conditions	contributing to de	eath but not re	sulting in the ur	nderlying caus	e give	en in Pert I.	23b. Did to	obacco use co	ontribute to	the cause of death?
P.O.	requires that the been signed by the	Phy								1 🗆 Y	es 2 No	3 Prot	pably 4 Unknown
	es th	by											
Records,	v requin	ted								24e. Wes e	n eutopsy med?	eve	ere autopsy findings elleble prior to
ec	2 s K	ple									1/0	of c	npletion of cause death?
<u> </u>	The ate h	Completed				9,				1 □ Y	95 2 No	1	Yes 2 No
Vital	Physician: The li rthis certificate ha rral director, page	Be (25. Wes case referred to medical examiner?						26. Plece of Deeth	(Check only or	10)		
2		2	1 Yes 2 No	Hospitel: 1	npatient 2	ER/Outpatien	3□ DOA	Othe	er: 4 Nursing Hor	ne 5 Reside	ence 6 🗆 Oti	ner (Specify	')
Division of	Rer th		27. Menner of Deeth 1 DeNeturel 5 ☐ Pending	28e. Dete d (Mont	of Injury h, Day Year)	28b. Time of Injury	28c.	Injury	y et k?	28d. Describe h	ow Injury occu	rred	
Sio	or Attending after death. Director: After in by the funer	Certification:	2 ☐ Accident Investigetion	n		. ,	М		Yes 2 □ No	/	YA		
Š	after de Directo	till c	3 Suicide 6 Could not be determined	286. Piece	of Injury - At h	nome, ferm, stre	et, factory, of	fice	- 4	281. Location (St City or Town	treet end Num.	ber or Rura	Route Number,
	rs aft	Cer			igi otal (opeoi	" ALA	L			Only or 1 on	M	1	
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	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral		one)	and mann	ner stated.	and and or INA	eaugetion, in i	ny op	olnion, deeth occurre	ec et the time, d	ere eua biece	and due to	une cause(s)
	To To To	Σ	29b. Signature and the of continer				29c. Li	cense	number	2	9d. Date signe	ed (Month, I	Dey, Year)
			ut X				D-	-45	881		12/2	2/9	6
		1	30. Name and address of derson who	completed cause	e ot deeth (Iter	m 23e) (Type, F	Print) Ca	arl	Johnson		0 :		
			JOO 019 11	e Ce	refer	000	al do	1	we	206	06		
	Sta		31. Dete filed (Month, Day, Year)		egistrer's Sign	eture							
	Registr	ar	DEC 2 6 19	396	whi drew	clear Rand	all						



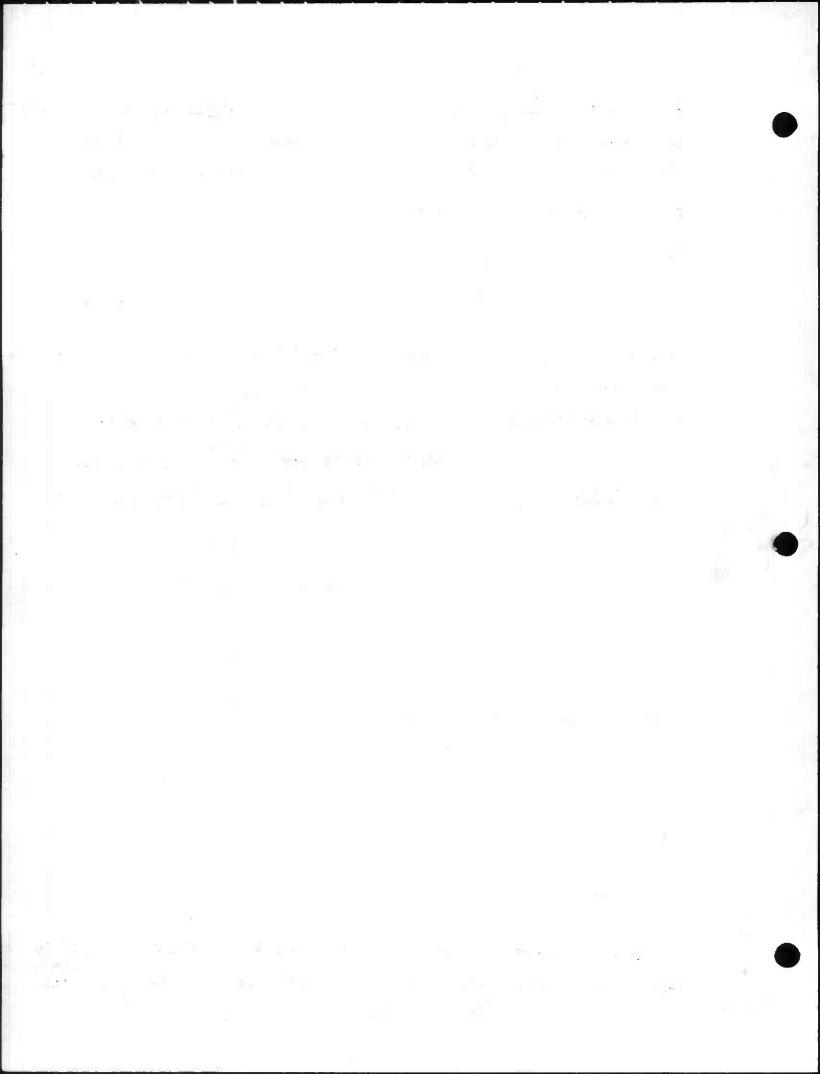
State of Maryland / Department of Health and Mental Hygiene

96 40620

						Ce	ertificate (of Death	7		Rag. No.		10020
	Physic /Med		1. Decedent's Name (First, Middle, Elizabeth	Lipa	susk	4				2. Date of De Month	Day	Year 96	3. Time of Death / 8:35
٩	Exami		4a. Facility Neme (If not institution, s Anne Arundel Med	give street and num	nber)	1			own, or Lo	cation of Deat		of Deeth	ndel
	Funeral Director		184-28-3702	Sex 1□M 2∏ F	7. Age (In yrs 88	. last birthday Yrs.		ear if Under	Min.	8. Dete of Bir (Month, De Mar. 2	th Year 1908	9. Birthp Coun Pen	lace (State or Foreign try) N •
	Maryland H show	tor	Usual Rasidenca of Decedant 10a. State 10b. County Pa. North	ampton	10c. C	ity, Town or L Bethle	ocation hem					1	0d. Inside City Limits 1 1 Yes 2 □ No
	h with the 23a or 28a	Funeral Director	10e. Street end Number 1201 South Blvd.				10f. Zip Coo 180				10g. Citizen of V	What Coun	
020	within 72 hours after death with the Maryland ene. "natural", or items 23a or 28a-f show than "natural", or items 23a or 28a-f show the Medical Examinat must be notified at	by	11. Marital Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorcad	12. Was Dece Armed For 1 Yes If Yes, Give Year or Da	ces? 2 No	J,S. 13.	Was Decedant If Yes, specify (1 ☐ Yes 2 ☑	Suban, Mexica	n, Puerto	ecify Yes or No Rican, etc.)		e - Americ ok, White,	etc.
21215-0020	be filed within 72 hours a stal Hygiene. d other than "netural", c	Completed	15. Decadent's (Specify only highest of Elamentary/Secondary (0-12) Grade 12	Education trade completed) College (1-	4or 5+)	(Give	ident's Usual Oc b kind of work do DO NOT use re	ne during mos tired)			16b. Kind of Bu		dustry
	hould be filed with ad Mental Hygiene. merked other than metic event, the M	Be Co	17. Fathar's Name (First, Middle, La	st)		rtes	Ident/F.				, Maiden Sumam		acernar be
/lar	Mental Merked of	To B	George Slafkosky					Mar	y Soj	pko			
Maryland	2 9 5 3		19a. Informant's Name/Ralationship Mary Elizabeth A					aet and Numb	er or Rura	I Route Numb	er, City or Town,		
	Health Health tem 27 f		20a. Method of Disposition	dalicix	20b.	Placa of Disp	Port Wa	,			20c. Location -	21403 City or To	
mo	Pages nent of int: If It		1 Burial 2 Cremation 3 4 Donation 5 Other (Spec		late	_	matory or other			ec 23,	Bethle		
Baltimore, N permit. Pages 1 end Department of Health Important: if item 27 any injury or other tu once.			21. Signature of Forte al Servica Lic	ensae		2	2. Name and Ad	drass of Facili	ity eral	Home, E			20707
Physician /Medical Examiner Example Exampl			Immediate Causa (Final disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants		enti	or es a consa		F. b	ril(atai	`	4	Sninuts
Box 68760,	eeth certificete be executed ettending physicien end for use es the bunel-transit	ian/Medicai	that initiated avants resulting in death) Last	c	Due to (d	or as e consec	quenca of):						
s, P.O.	by the	by Physicia	Part II. Other significant conditions	contributing to des	th but not res	eulting in the u	underlying cause	given in Part	1.	10.23	tobacco use cor Yes 2 No	3 Prob	the cause of death?
Vital Records,	2 S S	Completed	Atri-1		1146				·		an autopsy rmed?	ave	re autopsy findings illable prior fo npletion of cause leath?
a F	Tage de		Poglaete.	~ ~	ellit	ho				101	res 200	1 🗆	Yes 2□ No
<u> </u>	Physician: rthis certific ral director,	To Be	25. Was case referred to medical axaminer? 1 ☐ Yes 2 ☑ No	Hospital:	patient	ER/Outpatie	nt 3 DOA	Other		(Check only o	<i>one)</i> denca 8 ⊡Oth	or /Specific	,
sion of	After fune		27. Mannar of Death 1 Natural 5 Pending 2 Accident investigati	28a. Data of (Month		28b. Time o	28c. l	njury at Vork?	2	THE RESERVE	now Injury occurr		,
Division		Certification:	3 Suicida 6 Could not 4 Homicide datarmina	ZOG. PIACA C	f Injury - At h g, etc. <i>(Specil</i>	oma, farm, st	reet, factory, offi	се	2	est. Location (S City or Tox	Streat and Numb wn, State)	er or Rura	Route Number,
	To the Hospital or At within 24 hours after or To the Funeral Direct completely filled in by	edical	29a. Certifier (Check only one) 2 Medical Exp	hyaiclan: To the b miner: On the bas and manne	is of axamina	wledge, daat tion and/or In	h occurred at the vastigation, in m	time, date an y opinion, dea	d place, a th occurre	nd due to the	cause(s) and ma date and placa, a	nnar as stand due to	ated. the cause(s)
	With To t	Σ	29b. Signeture end fitte of cartifier	0-				ense number			29d. Dete signed	Month, L	Day, Year)
	732		TRNan	ulla	- har			317	7 8		DEC	20	1996
	18		30. Name and address of person who	completed cause	of death (Iten	23a) (Type,		tical	Par	hwan	Ana	pslo	1, MD

State Registrar

DHMH 16 Rev 6/95



			State of Ma	aryland			Health and <i>Death</i>	•	giene Reg. No.	96 1	10621
		1. Dacadent's Nama (First, Middle, Last)						2. Data of De	ath		3. Time of Daath
		JOSEPH K			LACE	Y		Decembe	r 17 19	Yaar 96	1:35a.m.
		4a. Facility Nema (If not institution, giva	-		21102		4b. City, Town, or	Location of Deatl			1.33a.m.
To the Hospital or Vital records, P.O. Box 66 fou, To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 burns effect death. To the Hospital or Attending Physician: The law requires that the death certificate has been signed by the attending physician and within 24 burns effect death. The law requires that the death of the attending physician and within 24 burns effect death with the Maryland or Other traumatic event, the Marcial Examiner or Other traumatic event or Other traumatic event or Other traumatic event or Other traumatic event or Other traumatic event, the Marcial Examiner or Other traumatic event or Other traum	ICI	St. Mary's Hospita					Leonard			Mary's	
Euperal		Sociel Sacurity Number 6. September 6.		e (In yrs. la	st birthday) If U	Inder 1 Yaar					
Director			M 2□F 61			nths Deys			y, Year) 1935	Country, Maryla	e (State or Foraige and
ylen		10e. Stata 10b. County		10c. City,	Town or Location	1				10d.	Insida City Limits
Ma	ģ	Maryland St. Mary	r¹s	Med	chanicsv	ille					1 ☐ Yes 2X No
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dea	ner	11. Maritei Stetus	12. Was Dacedant I Armed Forcas?	Evar in U,S	. 13. Was D	ecedent of I	Hispanic Origin? (Specify Yes or No	- 14. Rac	e - American	
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rai.		3 ☐ Widowad 4 ☐ Divorced	If Yas, Giva Yeer or Dates:		1 1 10	es 2 🕱 No	Specify:		Specify	Whit	е
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Men	2		Edward	1	Lacey		Mazie		Rose	Hil	
and 2 sh alith and 27 is m		19a. Informent's Name/Raiationship (Ty) Joseph Ernest Bell					and Number or R				de)
othe othe	İ	20a. Mathod of Disposition		20b. Pla	ce of Disposition natary, cramatory	(Nama of	cel	Date	20c. Location -	City or Town	Stete
Page nent nr: H		1 ⊠ Burlei 2 ☐ Cremation 3 ☐ R. 4 ☐ Donation 5 ☐ Othar (Specify)	amovel from Stata		red Hear			12/19/96	Bushw	ood, Ma	aryland
permi Depar impor any ir		21. Signature of Funaral Sarvice License	Landen cetions that ceused	ev tha daath.	P.O.	Box 2	ass of Facility. 7—Gardine 270, Leor ng, such as cerdia	ardtown,	Maryla	and 20	650
Physician		shock, or heart failure. List only on	a cause on aach lin	а.						Or	arvai Batween nset end Death
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Examiner		rasulting in death) a			as a consequence		1 2010				1 -10.73
D =	iner		Pr	reur	ronia						7 days
acute and trans	am	Sequentially list conditions,			as a consequance	of):					, ,
ye exportant		Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying Cause (Disease or Injury	Py	Inona	in ede	ma					
sate b	-	that initiated events rasulting in daath) Last			is a consequance						
ling p	Me										
ath c ttend or us	lan										
the a	sic	Part ii. Other eignificant conditions cont	ributing to death bu	t not rasulti	ing In tha undarlyi	ing ceusa giv	an in Pert I.	23b. Did 1	obacco uee co	ntribute to the	cause of death
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s been sign	pieted							24a. Wes perfo	en autopsy med?	evellet	autopsy findings pla prior to ation of ceuse th?
The la	E							101	as 2KI No		as 2□ No
an: Liffica tor, p		25. Was cesa rafarred to medicei					26 Place of Do			1016	10 Z NO
s cert		ayaminar?	ospitel:	nt 2 🗆 🖂	R/Outpatiant 3	DOA Oth	OF:	ath <i>(Check only o</i> Homa 5□ Resid		or (Canalia)	
a Physer this		27. Mannar of Death	28a. Data of injun (Month, Day		8b. Tima of	28c. injur		28d. Dascribe h			
ding th.: Afte	to	1 ☑ Natural 5 ☐ Panding 2 ☐ Accident Invastigation	(Month, Day	Year)	injury M		k? Yas 2⊡No	11			
or Atter efter des Director d in by th	ertifica	3 Suicida 6 Could not be datarmined	28a. Place of inju- building, atc.	ry - At homi (Specify)	a, farm, streat, fa	ctory, office		28f. Location (S City or Tow		er or Rural Ro	outa Number,
Hospita 24 hours Funeral etaly filled		29a. Cartifiar (Check only one) 1 Certifying Phyel 2 Medical Examino	clan: To the best of er: On the basis of and mennar stat	axamination	edge, daath occur n and/or investige	red et tha tir	na, data and place pinlon, daath occu	e, and dua to the curred at the tima,	ceusa(s) and me data and piece, a	onnar es stated and due to the	d. cause(s)
o the		29b. Signeture and title of certifier			T	29c. Licans	a number		29d. Date signed	d (Month Day	Year)
F > F O		(My	- 0		0 (7/199	11111
ļ	-	20 Nome and other			Rahmay	D D	50044		12/1	7 1 1 7	0
	- 1	30. Nama and address of person who con	nplated ceuse of da	ath (Itam 2)	3a) (Type Print)						

SHAH ASSOCIATES, LEONARDTOWN, MD 20650

DHMH 16 Rev 6/95

State

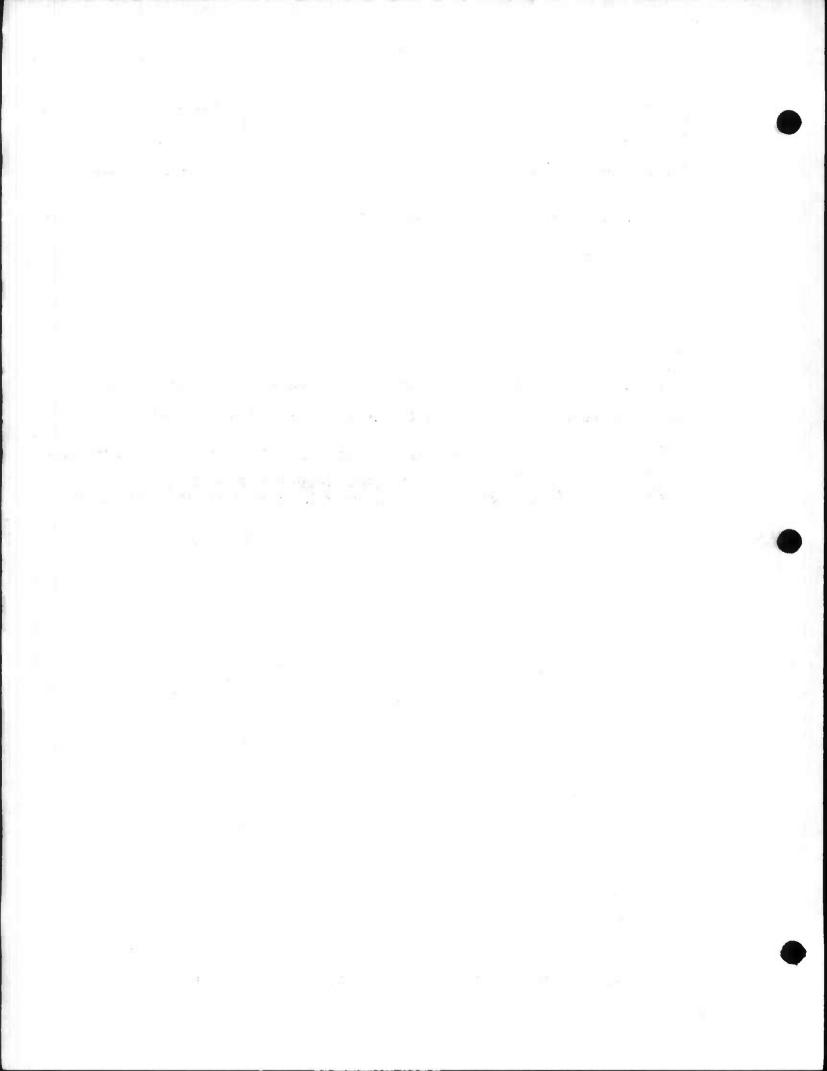
Registrar

Dr, MOHAMMAD RAHMAN

DEC 18 1996

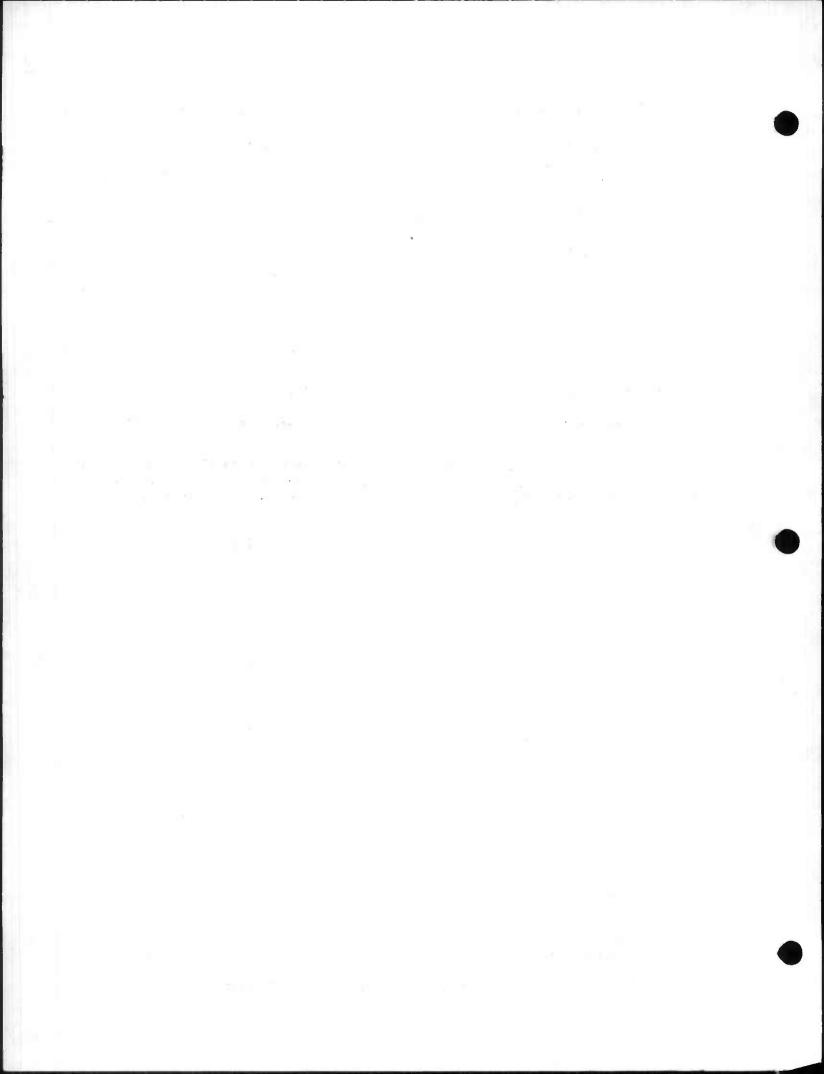
31. Data filed (Month, Day, Year)

32. Registrar's Signature



Piease Type or Print in Black indelible ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Marylar		tificate of		,	giene Reg. No.	96	40622	2
	Physic	ian	Decedent's Name (First, Middle, Las	1)				2. Date of De Month	ath Dev	Year	3. Tima of Death	
	/Medi	cal	JOHN RICHARD				4h Ole Town		per 28,	1996	9:24 AM	
	Examil Funeral Director	ner	4a. Facility Name (If not institution, give St. Mary's Hospits 5. Social Security Number 6. Se 11 216-22-2989 Usual Residence of Decedant			If Undar 1 Year Months Days		8. Date of Bir (Month, De	S	t. Ma 9. Birthpl Count	ace (Stete or Foreign	7
	/land		10a. State 10b. County		ty, Town or Loc	ation				10	Od. Inside City Limits	
	e Man	ctor	MD St. Ma	ry M	lechani	csville					1 ☐ Yes a☐No	
	th with th	al Director	P.O. Box 362		٠	10f. Zip Code 2	0659		10g. Citizan of V USA	What Coun	ry?	
020	d within 72 hours after death with the Maryland ijene. r than "natural", or flams 23a or 28a-f show than Medical Examines must be notified at	by Funeral	11. Marital Status 1 Never Married 20 Married 3 Widowed 4 Divorced	12. Wes Decedent Evar in U Armed Forcas? 1 ☐ Yes 2 ☒ No If Yes, Giva Yaar or Detes:	If	/as Decedent of H Yes, specify Cub	dispanic Origin? (S an, Mexican, Puert Specify:	pecify Yas or No o Rican, etc.)	Specify	e - America ck, White, e Wh		
Maryland 21215-0020	5 9	Completed	15. Decedent's Edi (Specify only highest gred Elementary/Secondary (0-12)	ucation le completed) Collega (1-4or 5+)			pation during most of word)	rking	16b. Kind of Bu			
d 2	filed with Hygiene. other than		11. Father's Nama (First, Middle, Last)		Correc	tional O	18. Mothar's Ner	ne (First, Middle,			rnment	-
/lan	should be ind Mental i marked o umatic ava	To Be	James Robert Long				- 1-1-1-2	rtrude C		,		
Aan)			19e. Informant's Name/Relationship (T				end Number or Ru	ural Route Numb	er, City or Town,		Code)	
e,	1 and 2 Health am 27 I		Joan Elizabeth Lor 20a. Mathod of Disposition		P.O.]		Mechani	csville,	MD 206		em Ctato	_
moi	Pages nent of h int: If its ury or of		1 Burial 2 ☐ Cramation 3 ☐ 6 4 ☐ Donation 5 ☐ Other (Specify)	Removal from State	cametery, crem-	etory or other ple						
Baltimore,	permit. Pages 1 and 2 Department of Health a Important: If item 27 is any injury or other tra		21. Signatore of Funeral Service Licens	Ulla	Maries Me	Name and Addre	Gardens ess of Facility -Gardine	r Funera	1 Home	P.A.	wn, Mu	-
<u> </u>	88558		Michael	Gardiner) P.	O. Box 2	70, Leona	ardtown,	Maryla	nd 20	650	
	Physician /Medical		23a. Part 1. Enter the disease, or companiote, or haart feilure. List only o								Approximate Interval Between Onsat and Death	
	Examiner		disease or condition resulting in deeth)	a. Due to (c	or as a consequ	rance of):		/		~ /.	2 hrs (24 hrs)	-
	be ig	Examiner	_	2. tr	2 /	nun	noNin	161	ve		(24WS)	
ć	ficate be executed g physician and es the bunal-transit	Exar	Sequantially list conditions, if any, laading to immediate cause. Entar Underlying Causa (Disaasa or injury that initieted events	Due to (c	or as a consequ	-				1		
68760,	nysicia he bur	edical	Causa (Disaasa or injury that initieted events resulting in daath) Last	cDue to (o	r as a consequ	Sep 51 ence of):	2					
	E 00		Constitution of the consti	d.		,				i		
Вох	that the death cent ed by the attendin detached for use	Physician/M										
P.0.	by the	hysi	Part II. Other eignificant conditions con		ulting in the und	derlying cause giv	en in Part I.		lobacco use coi Yee 2□ No		the cause of death?	
S,	es tha igned be del	ру Р	Dicker	men!					2010	0 1100	ibiy 4 dikilowi	
Division of Vital Records,	aw requires been s	Completed	6099	1.7000					an autopsy rmed?	ava	re autopsy findings ilable prior to pletion of cause aath?	
<u>=</u>	E se s							101	res 2 No	10	Yes 2□ No	
<u> </u>	Physician: The	o Be	25. Was case referred to medical exeminer?	Hospital:		Oth	26. Placa of Dea					
0	Phys eral d	n: To	27. Mannar of Death	28a. Date of Injury	ER/Outpatient 28b. Tima of	3□ DOA Our	4 □ Nursing H	ome 5 Resid	denca 6 □Othe now injury occurr	1=2-1-17/		
Sion	Attending Ph or death. ector: After th by the funeral	atlo	Natural 5 Pending investigation	(Month, Dey Year)	Injury		Yes 2□No					
DIVIN	DA COLO	Certification:	3 ☐ Suicida 6 ☐ Could not be 4 ☐ Homicida determined	28e. Placa of Injury - At he building, etc. (Specify	ome, farm, stree y)	et, factory, office		28f. Location (\$ City or Tox	Street end Numb vn, State)	er or Rural	Route Number,	
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	29a. Certifiar (Check only one) Certifying Physical Examination	sician: To the bast of my knowner: On the basis of examinat	wledge, daath o tion and/or Inve	occurred at the tin estigation, in my o	na, data end placa pinion, death occu	, and dua to tha cred at the time,	causa(s) and ma date and place, a	nnar as sta	ted. the cause(s)	
	ro the	Me	29b. Signature and title of certifier	and manner stated.		29c. Licans	a number		29d. Data signed	(Month, D	ley, Year)	
	->-0		1 Kress			D34	1206		12/3			
			30. Nama and address of person who co	mplated causa of death (Item	1 23a) (Type, P				1-13		9	-
			Kiran D. Mehta	M.D. PO E	30x 664	Leonard	town, MD	20650				
	Sta	te	31. Date filed (Month Day, Year) DEC 31 190	16 January	or Rodal	t.						



State of Maryland / Department of Health and Mental Hygiene

96 40623

29d. Date signed (Month, Dey, Year) (2.26.96.

23862

						Cei	rtificate of	Death	7	F	leg. No.			
П	Dhamia		Decedent's Name (First, Middle, Last)											
J	Physic /Medi		Anthony Thorr	nton La	dd					Month Dec.			4:45 pm	
Э	Exami		4e. Fecility Name (If not institution, give	street end numb	er)			4b. City, T	own, or Lo	cation of Death		10d. inside City Limits 1 Yes 2 No n of What Country? U.S.A. Race - American Indian, Black, White, etc. Decify: White of Business/Industry Cical Educatio Imame) Count, State, Zip Code) Cind, MD 21654 Countribute to the cause of death? No 3 Probably 4 Unknow 24b. Were autopsy findings		
1			5936 Trippe Cr	eek Dr	ive			Oxf	ord		Та	lbot		
Г	Funeral		5. Social Security Number 6. S			last birthday)	If Under 1 Yeer	If Unde	r 24 Hrs.	8. Date of Birth	1	9 Birthola	ce (State or Foreia	
	Director		093-22-2386	76	Yrs. Months Deys Hours M			Min.	Aug 25, 1920		New	York		
	D		Usual Residence of Decedent											
	how		10a. State 10b. County		10c. Cit	ty, Town or Lo	cation					100		
	e Ma	cto	Maryland Tal	bot			Oxford					1 ☐ Yes 2 No		
	th th	Director	10e. Street and Number 10f. Zip Code 10g. Citizen of What Country?										17	
	th w	a	5936 Trippe Cr	eek Dr	ive		21							
	72 hours after death with the Maryland "natural", or items 23a or 28s-f show total Exercises from the notified at	Funeral	11. Maritel Status	12. Was Decedent Ever in U.S.		,S. 13. \	S. 13. Was Decedent of Hisp if Yes, specify Cuban,			cify Yes or No-	14. Rac			
0	or it		1 Never Married 2 Married	Armed Force 1 Yes 2 if Yes, Give	No		Tes, specify Cut			nicell, etc.)			c.	
00	rel',	l by	3 ☐ Widowed 4 ☐ Divorced	Year or Date	is:		ILI Yes ZIZINO	Speciny	Ţ		Specify		ite	
5-0	72 Pa #	ş	15. Decedent's Ed (Specify only highest grad	ucetion		16a. Deced	lent's Usual Occu	petion	et of worki	200	16b. Kind of B			
21	-	du	Elementary/Secondary (0-12)		mpleted) (Give kind of work done of life. DO NOT use retired			ed)						
Division of Vital Records, P.O. Box 68760, Baltimore, Maryland 21215-	17 00 4	Completed	12	ical Pr	ofes	sor		Medi	cal E	ducatio				
	be file d othe evant,	Be	17. Father's Name (First, Middle, Last)					18. Moth	er's Name	ie)				
yla		2	William Sarge		d				Ma	ry Bab	Babbott			
Mar	CI		19a. Informant's Name/Relationship (7										/	
	f Health Item 27		Ann Packard La	dd - w				Cre	ek D	r., Ox	ford,	MD 21654		
Ore	t of H t of H M Iter or oth		20a. Method of Disposition 1 ☐ Buriai 2 🛣 Cremetion 3 ☐	Removel from Ste		Place of Dispo- semetery, cren	sition (Name of natory or other pla	ice)	i	Dete	20c. Location - City or Town, State			
E	artment of Popularies If He		400 M 40 M										e, MD	
a	Popular Spirit		21. Signature of Funeral Service Monsey 22. Name and Address of Fecility											
ш	20728		Cambridge Crematory, 2272 Hudson Rd., P.O. Box 1464, Cambridge, MD 21613											
	77 100		23s. Fart1. Enter the disease, or copper shock or heart failure. List only of	lications that cau	sed the death	h. Do not ente	er the mode of dyi	ing, such as	cerdiec o	r respiratory arm	est,	A	oproximate	
а	Physician		t brock or heart tailure. Ust only o	ne cause on eac	n line.			,		lr C				
r	/Medical		immediate Cause (Final disease or condition	ML	NAR	DIAS	INFOR	CTIO			VADEN			
	Examiner	5	resulting in death)	a	Due to (o	r es a consed	neuce off.						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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	icete be executed physician and s the buriel-transit	Examiner		b		r as a conseq	1							
ó	en ar		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events									1		
376	ysici	n/Medical	that initiated events resulting in death) Lest Due to (or as a consequence of):											
99	certifice nding pt use es t	Z G	resulting in death) Lest											
	E 3			d										
	ras that the death signed by the attel be detached for	Physicia	Part II. Other significant conditions co	ntributing to death	but not resu	ulting in the un	iderlying ceuse gi	ven in Part	i.	23b. Dld to	bacco use cor	tribute to ti	ne cause of death	
o.	by the	4	INFWENT.								2 No			
	gned gned	by	7,0,00											
D	v require been signal	8	PRIOR MYO MITMI VALUE (CAR 210	IC IN	FALC	7			24a. Was a	n eutopsy	24b. Were	autopsy findings	
S	aw requisits been 2 should	piet				Λ			perion	neur		eletion of cause		
	0 - 0	Completed	MITAI VALUE A	ROLAPS	E W	177-1	ARRIEN	DHM.	IAS	1 □ Ye	s 2UNo		es 28 No	
a	ilcian: The certificate rector, pag	Bec	25. Was cese referred to medical										60 20110	
	Physician: r this certific ral director,	0	examiner? 1 ☐ Yes 2 ☐ No	ER/Outpatient	26. Place of Death (Check only Voutpatient 3 DOA Other: 4 Nursing Home 5 Re					sidence 6 Other (Specify)				
0	Attending Physician: ar deeth. ector: After this certific by the funeral director,	on: T	27. Manne of Death	njury Day Year)	28b. Time of	28c. inju Wo		1	26d. Describe how injury occurred					
O	Attanding in deeth.	atio	1 ■ Natural 5 □ Pending 2 □ Accident investigation	Jay (Bal)	(ear) injury Work? M 1 ☐ Yes 2 ☐ No									
VIS	or Attance eftar deet Director: I in by the	ertificati	3 Suicide 6 Could not be determined		et, factory, office		2	261. Location (Street and Number or Rural Route Number,						
	5 5 5	Cert	- U HORINGO	bullaing,	etc. (Specify	"				City or Town	1, 3(9(9)			
	pepital hours uneral iy filled	Sal	29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.											

State Registrar

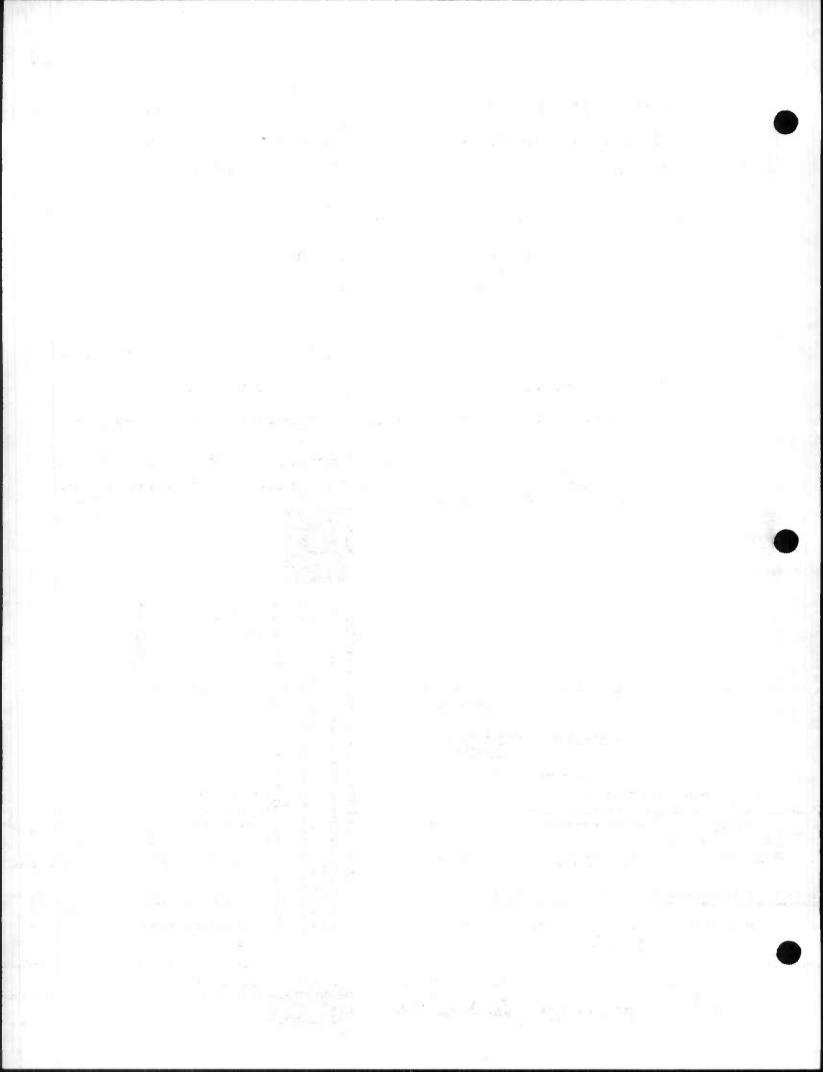
DEC 3 0 1996

31. Date filed (Month, Day, Year)

Dr. Scott D. Friedman

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

dman 403 Marvel Court, Easton, MD
32. Registrar's Signature



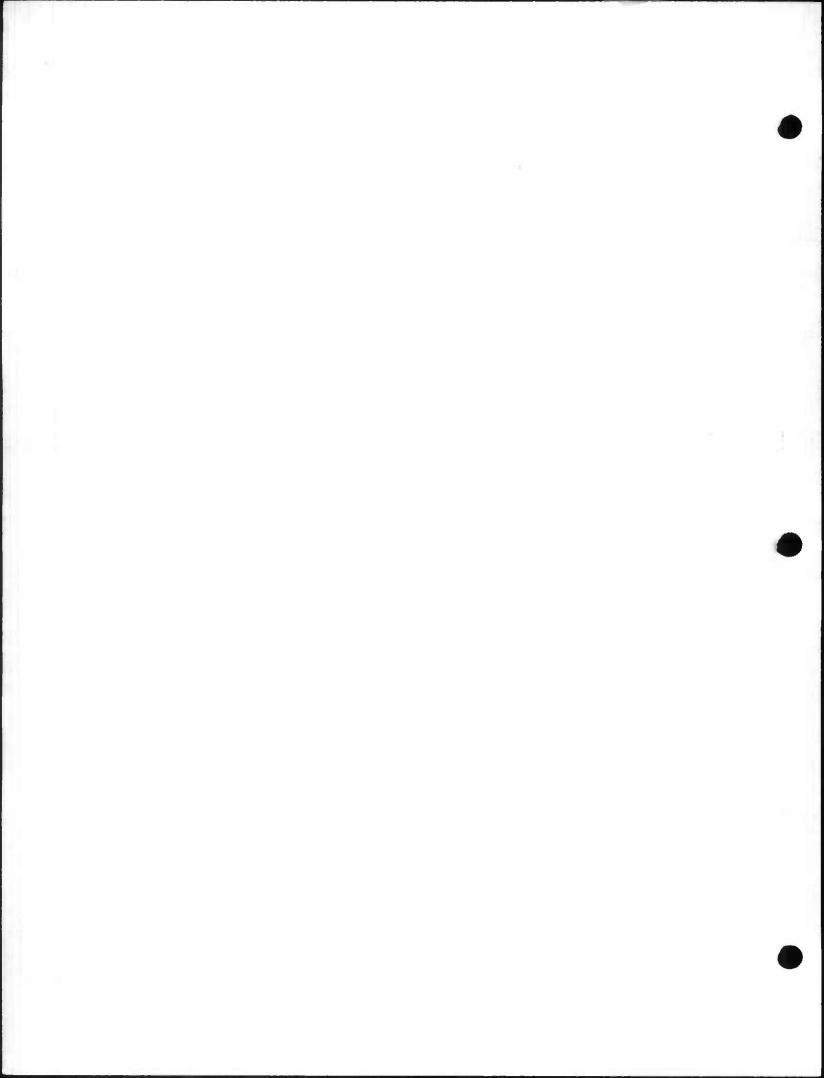
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

40624

Double Catherine Loppo Section State Plans (Proc. Month, Last) Formation Catherine Loppo 10 Control Catherine Loppo 11 (S. Plansant Valley Road 12 (S. Plansant Valley Road 12 (S. Plansant Valley Road 12 (S. Plansant Valley Road 12 (S. Plansant Valley Road 13 (S. Plansant Valley Road 14 (S. Plansant Valley Road 15 (S. Plansant Valley Road 16 (S. Plansant Valley Road 17 (S. Plansant Valley Road 17 (S. Plansant Valley Road 18 (S. Plansant Valley Road 19 (S. Plansant Valley Road 19 (S. Plansant Valley Road 19 (S. Plansant Valley Road 19 (S. Plansant Valley Road 19 (S. Plansant Valley Road 19 (S. Plansant Valley Road 19 (S. Plansant Valley Road 19 (S. Plansant Valley Road 10 (S. Plans								C	enificat	re or	Death	1		Reg. N	0.			
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The control of the co				Doris	Catheri	ne Leppo											5.30	n m
Pleasant Valley Carroll Pleasant Valley Carroll	8							-			4h. City. To	own or L					3.30	P.m.
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Unsafe State Unsa		Director		213-12	-7561	ILIM ZIGIF		74 Yrs	s.									
The state of the s		D	tor		of Decedent													
The state of the s		ylan How		10a. State				10c. City, Town or Location							10d. in:			ty Limits
The state of the s	50	with the Mer a or 28a-fai		Md		Pleasant Valley 18 Yes 2 N								2 □ No				
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Registrar



State of Maryland / Department of Health and Mental Hygiene

40625 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** ymch GRAY 1040 HELENA 1996 December 17 /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner WICOMICO SALISBURY PENINSULA REGIONAL MEDICAL CENTER If Under 1 Year Months Deys If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1□M 20XF Country) MARYLAND Yrs. JAN 20, 1918 Director 221-34-4231 Usual Residence of Decedent the Marylend 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or itama 23a or 28a-f ahow the Medical Examiner must be notified at 1 Yes 2 No Director SUSSEX SELBYVILLE DELAWARE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? With RD. 1 BOX 40 19975 USA filed within 72 hours after death Hygiene. Funera Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Status 14. Rece - American Indian, Bleck, White, etc. 1 Yes 2 No If Yes, Give Year or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🖾 No Specify: þ 3 Ø Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry other than Elementery/Secondery (0-12) College (1-4or 5+) OWN HOME 12 HOMEMAKER permit. Pages 1 and 2 should be file Department of Health end Mental Hy, important: if I tem 27 Is marked othe any Injury or other treumatic event, solds. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) Be VERNON LONG MARGARET BAKER 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3985 OAKLAND SCHOOL RD., SALISBURY, MD 21801 ALFRED LYNCH/SON 20b. Plece of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 XBurial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 12/20/96 BISHOPVILLE, MARYLAND BISHOPVILLE CEMETERY 22. Neme end Address of Fecility FERE HASTINGS FUNERAL HOME, SELBYVILLE, DELAWARE 1997\$ 23e. Pert1. Enter the disease, or complications that stated the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heer feiture. List only one cause or each line. Approximete Interval Betw Onset end Deeth Physician /Medical Immediete Ceuse (Finel Congestive Heart Justin Due to (or es a consequence of): 2 who. disease or condition resulting in deeth) Examine Examiner Otherschuste Candiovassular desace

Due to (or es a consequence of): The law requires that the deeth certificate be executed physician and the buriel-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury O. Box 68760. Physician/Medical that initieted events resulting in death) Last Due to (or es e consequence of): 88 Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. the 23b. Did tobacco use contribute to the cause of deeth? signed by t Records, P. 1 | Yas 2 No 3 | Probably 4 | Unknown Chronic kepa tetro coette 20 ģ Chronic Obstactor Palmonog 24b. Wera autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? Completed peen hes 16 2 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: director Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: To this After thi funeral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturel 5 Pending death. 1 Yes 2 No investigation Director: / 2 Accident 6 Could not be determined 3 ☐ Sulcide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide hin 24 hours aft the Funeral Di npletely filled in 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the cause(s) and manner as steted. edical (Check only one) 2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. To the I within 2 To the I complet 29b. Signeture end title of certifier 29d. Dete signed (Month, Day, Year) 12-17-96 001969 anu 1 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 106 PINE BAULE RO Surk 12 SAGISBURY MO 21851 4 · CLIFFORD MD dames 31. Dete filed (Month, Day, Year) DEC 1 9 1996 32. Pegistrar's Signature Randal State Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

40626

					Certificate	of Death		Reg. No.	0 4	0020			
		1. Decedent's Name (First, Middle, La	st)				2. Date of D	Death		3. Time of Death			
Physic		Katharine E. Liv	ingston		Livi	ngston	Month	mber 20,	Year	1649			
/Med		4a. Facility Name (If not institution, give			F, 0.		or Location of Dea			.611			
Funera Director		PENINSULA REGIO	NAL MEDICAL Gex 7. Age (in yrs. last bir 79	thday) If Under 1 Wonths Months	SALI Year If Under 24	SBURY Hrs. 8. Dete of B	WI	9. Birthples Country Mary]	ce (State or Forei y) Land			
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ath with the 123s or 2	rai Director	10e. Street and Number 10f. Zip Code 10g. Citizen of What 403 Woodview Square 21801 USA											
5-UUZU 72 hours after death with the Maryland natural', or fierra 23a or 28a-f show	by Funeral	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 Tes 200 No If Yes, Give Year or Dates:	er in U,S.	13. Was Decede If Yes, specif	nt of Hispenic Origin′ fy Cuban, Mexican, Pi ☑ No <i>Specify:</i>	7 (Specify Yes or N uerto Rican, etc.)	lo- 14. Rad Bla Specifi	n Indian, ic. ite				
within iene.	Completed	15. Decedent'a E (Specify only highest gra Elementery/Secondery (0-12) 1.2					working	16b. Kind of Business/Industry Home					
	BeC	17. Father's Name (First, Middle, Last,)		Homem		Name (First, Middle						
	0	John W. Ellis				Daise	y Alma T	ruitt El	lis				
d 2 should th end Men 7 is marke traumatic	-	19a. Intormant's Name/Relationship (Type, Print)	19b	. Malling Address				Town, State, Zip Code)				
in Kem 2		Vernon L. Livings 20a. Method of Disposition XYBurial 2 Cremation 3 C 4 Donation 5 Other (Specif	Removal from State	20b. Place of cemeter	Disposition (Name y, crematory or off	ner place)	Dete	20c. Location		n, Stete			
DESILITION DESTRUCTOR DESTRUCTOR IMPORTANT: H ANY INJURY OF				St. St	ephens Co		12-23	Delmar,	Delaw	are			
Dentil: Permit. Popartme Departme Importan any injur		21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Short Funeral Home, Inc.											
Physician /Medical Examiner		23a. Part1. Enter the disease, or complications that reused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of):											
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X 68 / 6U, sertificate be executed ding physician and se as the burial-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	· ASCA	1D	consequence of):	0.0	y			2413			
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After fune	Certification:	1 Netural 5 Pending 2 Accident investigation 3 Suicide 6 Could not b			М	c. Injury at Work? 1 Yes 2 No		e how Injury occur (Street and Numb		S W b			
oltai or A		4 Homicide determined	28e. Place of Injury building, etc. (Specify)			City or T	own, Stete)					
To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	Medical	(Check only one) 2 Medical Exam	ysician: To the best of n niner: On the basis of ex and menner steted	amination and	d/or Investigation, i	n my opinion, death o	lace, and due to the occurred at the time	e, date and place,	and due to th	he cause(s)			
Twith Toon	2	29b. Signature and title of certifier air (Lu	yas di	0		License number 144688		29d. Dete signe					
6/		30. Name and address of person who	completed cause of deat	(1 (Item 23e)	Type, Print)	D44688 DV, Sal	Bhen	40 2	1801				

State

Registrar

31. Date tiled (Month, Day, Year)

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				State of Ma	ryland /	-			lealth a Death	nd Me		ene (96 4	0627
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	Examir		4a. Facility Name (If not institution, give	street and number)							tion of Death	4c. County	-	
	A. J	46	PENINSULA REGION	AL MEDICAL	CENTE	ER			SA	LISB			COMICO	
	Funeral Director		5. Social Security Number 6. Security S	7. Age IM 2□ F	(In yrs. iast t	birthday) Yrs.	If Undar Months	1 Year Days	If Under 2 Hours	Min.	Data of Birth (Month, Day, lay 23,	Year) 1938	9. Birthplace Country) MD	(State or Foraign
	fand and		10a. Stata 10b. County		10c. City, To	wn or Lo	cation						10d. l	nside City Limits
	Mary	to	MD Worces	ster	Whal	evvi.	lle						1	Yas 22 No
	h the	Director	10e. Street and Number				10f. Zip	Coda			10	g. Citizan of V	Whet Country?	
	h wit	a D	11819 Steam Mill	Hill Rd.			2	1872	2			U. S	S.	
	dea	Funeral	11. Marital Status	12. Was Decedant En	var in U,S.	13. V	Vas Daced	ant of H	ispanic Origi	in? (Specif	y Yas or No-	14. Rac	e - Amarican Ir ck, Whita, etc.	ndian,
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21215-0020	d within 72 hours after death with the Manylan jene. r than "natural", or items 23s or 28s-f ahow The Medical Examiner west be notified as	Completed	15. Decedant's Ed (Specify only highest grad Elamantary/Secondary (0-12) 9th			(Giva i	ant's Usua kind of wor OO NOT us	k dona d	during most	of working	1.	6b. Kind of Bu	usinass/industr	у
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Baltimore,	permit. Pages 1 an Depertment of Heal Important: If Item 2 any injury or other once.		1 XBurial 2 Cremetion 3 4 Donation 5 Other (Specify				atory or of		•	12/				
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P.O.		hysi	Part II. Other significant conditions co	ntributing to death but	not rasulting	in tha un	iderlying ca	ausa giv	an in Part f.				al □ Probably	causs of death?
	es that igned b	by P									1 L TS:	8 2□ No	3 Probably	Girliowii
Records,	been s	Completed b				_					24a. Was an perform		svailab	utopsy findings le prior to tion of cause
Re	ysician: The lav is certificate has director, page 2	Jmp									1 □ Yes	2 D No	of deat	
			25. Was case ratarred to medical						OR Dinos	of Dooth //	Check only ona		1 L Ya	s 2 No
<u> </u>	Physician: this certific ral director,	To Be	axaminar?	Hospitai:	1 2□FB/0	Dutpatieni	3□ DO	A Oth	DF.		5 Residen		er (Specify)	
0	두 두 등		27. Mannar of Death	25a. Deta of Injury (Month, Day	28b	Tima ot		Bc. Injun	_	-	d. Describe hov			
0	Attending Ph or death. ector: After th by the funeral	atio	1 Natural 5 Panding investigation	(World), Day	rear)	Injury	М		Yas 2□N	lo				
Division of Vital	r Atte	ertification:	3 Sulcida 8 Could not be determined	28a. Piaca of Injur- building, etc.	y - At homa, (Spacify)	tarm, stre	et, tactory	, office		28t	Location (Stre		er or Rural Rol	uta Number,
	tal of its eff	Cer												
	Hospi 4 hou Funer tely fil	edicai	/ / / / / / / / / / / / / / / / / / /	sician: To the best of a	my knowledg	ge, deeth and/or inv	occurred a	at tha tim	ne, date end pinion, death	plece, end	due to the ceu	usa(s) and ma	nnar as stated	l. cause(s)
	To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: Affer completely filled in by the fune	Med	29b. Signaturn and little of certifiers	and manner state	ed.				number					
	5 × 5 8		1)0110	O Men	un	1	1000		10000000				d (Month, Day,	
			(1)/11/0						800				K 11, 19	
	4		THOMAS DEMAR	completed causa of date (O), M, D -	ath (Itam 23a	PIND.	rint)	175	KD 41	KI 11.	SALIS	BUTU.	ms of	1801
	Sta	te	31. Data tiled (Month, Dey, Year)	32. Registrar			,			,,,,,,,		, ,		

State Registrar

DEC 1 8 1996

32. Registrer's Signature
Julia Pawakor hardell

_					Olato	Ji Waiy		rtificate c		Death	,	Reg. No.	90	40020
в	Physic	an	1. Decedant's Nama (First, Middla, La	ist)						2. Data of Dea Month	ith Day	Yaar	3. Tima of Death
J	/Medi		Mary		М.			McCorm	ic	k	Decembe			6:17 pm
и	Exami	ner	4a. Facility Nama (If n			ŕ				b. City, Town, or L		4c. Count	y of Death	
L			Physicia					If the tree 4 Me	1	La Plata	-	Charl	es	
	Funeral Director		5. Social Sacurity Nun 577-01-910 Usual Rasidance of D	1	Sax I□M 2∏ F	7. Aga (In	yrs. last birthday, 4 Yrs.	Months Day		Hours Min.	8. Data of Birth (Month, Day March 7	Year) 1912	Cour	placa (State or Foreign http) yland
	anyland show d at	Ļ	10a. Stata 1	0b. County			. City, Town or Lo	ocation					1	Od. Insida City Limits
	8a-f	Director	-	Charles		L	a Plata							XXYas 2□ No
	vith th	ä	10e. Street and Numb					10f. Zip Code				I0g. Citizan of	What Cour	ntry?
	ath v	rai	One Magno	lia Dri	T -			2064					JSA	
020	be filed within 72 hours after death with the Maryland hal Hygiene. d other than "natural", or itema 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 ☐ Navar Married 3 ☐ Widowed 4		12. Was Dad Armed F 1 Yas If Yas, G Yaer or I	orces? 2 No iva		Was Dacedent of If Yas, specify C		spanic Origin? (Sp n, Maxican, Puarto Specify:	ecify Yas or No- Ricen, atc.)	14. Ra Bia Specii	ce - Amaric ick, Whita, by: Wh:	
Maryland 21215-0020	within 72 ho ene. than "natur he Medical	Completed	(Specify	5. Decedant's E	ida complatad,		16a. Dace (Giva life.	dant's Usual Oct kind of work do DO NOT usa rat	cupa na d	tion uring most of work	king	16b. Kind of B	Businass/In	dustry
d 212	e filed with al Hygiene. other than	Com	Elementary/Second 8			(1-4or 5+)	Disak			18. Mothar's Nam		None		
an		Be	Robert Sh							Lulla M.			na)	
7	2 should be fand Mental is marked of aumatic eve	To	19a. Informant's Nem		Type Print)		19h Maili	no Address (Stra		nd Numbar or Rui			State 7in	Codel
			Patricia			Niece				Pl. Inc				0000)
re,	f Hear f Hear othe		20a. Mathod of Dispos	ition		20	b. Place of Dispo	osition (Nama of	-		0.00	20c. Location		own, Stata
OE .	Page ent o nt: If I		1 Bunal 2 4 Donation 5	Cramation 3 C	Ramoval from	Stata		matory or other		tory 12	27.96	Mlovano	iria	7/7
Baltimore,	permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any Injury or other tra		21. Signatura of Fung	A			22	2. Nama and Ado			21-90	ALEXAIIC	illa,	VA
m	Depa Impo any I		> (b)	1/4	81.	M0017				ein Mort		1 - \	2000	0.5
	100		23a, Pary Enter the	disease, or com	plications that	caused tha	death. Do not and	ter the moda of o	dylng	Pls La , such as cardiac	or raspiratory arr	IS., MI	2069	Approximata Interval Batween
	Physician /Medical Examiner		Immediete Causa (Fin disaasa or condition resulting in daath)										r	Few Mike
	uted d ansit	edicai Examiner	Comments the ties and di		b		to (or as a consec							
.09	tificate be executed g physician end as the bunal-transit	ai Exa	Sequentially list condi- if any, laeding to imme causa. Entar Undarlyl Causa (Disaasa or Inju	adieta Ing ury	c	0001	o (or as a consec	quanca oi).					1	
x 68760,	certificate ding phys se as the	_	that initiated events rasulting in death) Las		d	Dua t	o (or as a conseq	uance of):					1	1.11
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О	The law requires that the death certate has been signed by the ettendingage 2 should be detached for use	Physician/N	Part II. Other algnifica	4 0	ontributing to d	eath but not	rasulting In tha u	ndariying ceusa	giva	n in Part I.				the cause of death?
rds,	w requires the been signer should be contact the should be contact	ed by	11/			150	0.0.6	· · · · · · · · · · · · · · · · · · ·			24a. Was e	n autopsy	24b. Wa	ara autopsy findings
3eco	e law recharge has bee	Completed	71 /		TEN			1.0	7		perfor	med?	COI	allable prior to mpletion of ceuse deeth?
al	cate		YEX	HYI	ERAL	_ V	75041	-AR.	<u>リ</u>	t SEA SE	1 □ Y	as 2 No	1 [Yas 2□ No
=	Jelan: The	Be	25. Was cese referred axaminar?	to medical	Hospitel:			10	Othe	26. Placa of Deat				
Division of Vital Records, P.O. Box	Phys this al di	ation: To	1 Yas 2 No 27. Mannar of Death 1 Netural 2 Accident	5 Panding	28a. Data (Mon		28b. Tima of Injury	28c. In	jury Vork	4 LI Nursing Ho	oma 5 ☐ Rasida 28d. Dascribe h			()
Divis	To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: After completely filled in by the fune.	Certification:	3 Suicida 6 4 Homicida	Could not be determined	28a. Place	of Injury - Aing, atc. (Sp.	At homa, farm, str ecify)	aat, factory, offic	> 0		28f. Location (Si City or Town	reat and Numi n, Steta)	ber or Rura	l Routa Number,
	he Hospit in 24 hour he Funeri pletely fills	edicai	29a. Certifiar 15 (Check only one)	Cartifying Ph Madical Exam	ilner: On tha b	best of my asis of axam nar stated.	knowledge, death	n occurred at tha vestigetion, in my	time y opi	e, dete end plece, nion, daath occur	and dua to the cred at tha tima, d	eusa(s) and mate and place,	enner es st and dua to	eted. tha ceuse(s)
	To t To t	×	29b. Signeture and title	Λ	E a		00-	29c. Lica	nsa	number	2	9d. Date signe	d (Month,	Day, Year)
			V	, Man	roue	gan	de -	D-26	60	64		12-	23.	-96
			30. Name and address				Item 23e) (Type,	Print) Rt.	5	& Golden		d. PO	Box 2	
			Vidyasaga:					Char		tte Hall				
	Sta Registra		31. Data filed (Month, I	C 2 6 19	996 32. F	July al	gnatura Lucker Ren	dall						

State of Maryland / Department of Health and Mental Hygiene

96

Bustonsville, MD 20864

40629

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death **Physician** December Day 1996 11:45 pm Mildred Elizabeth Mitchell /Medical 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Howard 11391 Harding Road Laurel If Under 1 Yeer | If Under 24 Hrs. | 8. Deta of Birth (Month, Day, Year) 5. Social Security Numbar 7. Age (In yrs. last birthdey) Birthplaca (State or Foreign Country) **Funeral** 1□M NOF 78 219-07-2372 Yrs. Director 1918 Maryland Usuel Residence of Decadent permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or fiam—any injury or other traumatic avant. 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Laurel Maryland Howard 1 Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20723 U.S.A. 11401 Harding Road Funeral 12. Wes Decedent Evar in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Raca - American Indian, Biack, White, atc. 11. Marital Status 1 □ Never Merried 2 □ Married 1 ☐ Yes 2 ☑ No If Yes, Give Yaer or Datas: 1 ☐ Yas 2 ☑ No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Cottege (1-4or 5+) Accountant U.S. Government Grade 17. Fether's Neme (First, Middle, Last) 16. Mother's Neme (First, Middle, Melden Sumame) John Thomas Dustin Annie Christine Latlief 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Daughter 11391 Harding Road Laurel, Maryland Joan clevenger / 20b. Piece of Disposition (Name of cemetery, cremetory or other place) Dec 27, 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burlal 2 □ Cremetion 3 □ Removal from Stete St. Marys Church Cemetery 1996 4 ☐ Donetion 5 ☐ Other (Specify) Laurel, Maryland 21. Signature of Funetal Sarvice Licensee 22. Nema and Address of Facility Donaldson Funeral Home, P.A. 313 Talbott Avenue Laurel, Maryland 20707 23a. Part1. Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medicai Immediate Cause (Final e. Large (ell Garcinoma)
Due to (or es a consequence of): disease or condition resulting in deeth) MOS Examiner Physician/Medical Examiner Metastasis To the Hospital or Attanding Physician: The law requires that the deeth certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inhieled events resulting in daeth) Last and Due to (or es e consequence of) physician s the burial P.O. Box 68760, Dua to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown COPP Division of Vital Records, should be d by Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy performed? HTW page 2 this certificate 1 Yes 2 DNo 1 □ Ves 2 □ No 8 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Presidence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA filled in by the funeral 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 27. Manner of Death 28d. Describe how injury occurred 28b. Time of After 5 Pending Investigation 1 Neturet within 24 hours after death.

To the Funeral Director: A completely filled in by the fu 1 Yes 2 No 2 Accident 6 Could not be 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Plece of Injury - At homa, ferm, street, fectory, office building, etc. (Specify) 4 D Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and dua to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the tima, dete and piece, and dua to the cause(s) end manner steted. edical 29e, Certifier 29b. Signeture and title of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) Shahagar mo 044582 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Sandy Spring Rd,

4140

32. Registrer's Signetura

DHMH 16 Ray 6/95

30

State Registrar SONA BHATNAGARMO

31. Date filed (Month, Day, Year)
DEC 2 4 1996

State of Maryland / Department of Health and Mental Hygiene 06 1.0620

					C	ertificate				g. No.	0 0	40630
П	Physic	ian	Decedent's Name (First, Middle, L.	,					2. Date of Death		~ Xeer	3. Time of Death
J	/Medi		Rachel F.	Moore					December	r ^D 25,19	996	6:10am
	Exami	ner	4a. Facility Name (If not institution, g						ocation of Death	4c. County	of Death	
			Physicians Memo			il Milladar I V		Plata		Una.		
ie.	Funeral Director		082-18-1330 Usual Residence of Decedent	Sex 7. A 1 □ M 2 💢 F	ge (In yrs. lest birthd 72 Yrs	Months D	ays Hou	nder 24 Hrs. Irs Min.	8. Date of Birth (Month, Dey, Apr. 1,	Year) 1924	9. Birthp Cour New	place (Stete or Foreign http:// YOYK
	/land		10a. State 10b. County		10c. City, Town or	Location					1	IOd. Inside City Limits
	Man	to	Maryland Charle	es.	Waldo	rf						1 ☐ Yes 2 ☑ No
	or 28	je e	10e. Street and Number			10f. Zip Co	de		10	g. Citizen of	What Cour	ntry?
	th wi	aic	4758 Harrier Cou	rt		20)603			US	SA	
21215-0020	72 hours efter death with the Maryland "naturel", or items 23a or 28a-f show edicel Examiner trust to notified at	by Funeral Director	11. Marital Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Armed Forces 1 Yes 25 If Yes, Give Year or Dates:	Ever in U,S. 1	3. Was Decedent If Yes, specify			eclfy Yes or No- Rican, etc.)		ck, White,	can Indian, etc.
2-0	72 ho	ted	15. Decedent's E (Specify only highest g	ducation	16a. De	cedent's Usual O	ccupation	mant of words	1	6b. Kind of B	usiness/In	dustry
21	s within 72 ho piene. r than "netur	Completed	Eiementary/Secondary (0-12)	Coilege (1-4or	5+)	ve kind of work d . DO NOT use n	etired)	TIOSE OF WORK	rig			
2	e filed w Il Hygier other th		12		НС	usewife					Home	
Maryland	8 9 9 8	Be	17. Father's Name (First, Middle, Las				18. M	other's Name Helen	(First, Middle, M	le <i>iden Sum</i> en	ne)	
2	should b nd Mente marked umatic e	J.	Salvatore Pascac 19a. informant's Name/Relationship		104 14	Ni A dd (0)				O: T		
	2 9 9 6		Dennis C. Moore	(Type, Print)					Naldorf,			Code)
Baltimore,	of Health of Health Item 27		20a. Method of Disposition	7- 11	20b. Place of Dis	position (Neme o	of place)		Date 2	Oc. Location -	City or To	own, State
E	permit. Pages Department of I Important: If Its any injury or o		1 Buriel 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spec			d Vetera		Cem.	12-30	Chelte	nham,	MD
at	permit. F Departme Importan any injur		21. Signature of unitral Serviced ice	m/	-	22. Name and A						
ш	2011		Bearjamin Mat 23a. Part1. Enter the disease, or cor shock, or heart failure. List only	thews MOO	0658	Huntt F	ineral	L Home	ldoxf M	2060	4_015	6
	Physician /Medical Examiner	ner	Immediate Cause (Final disease or condition resulting in death)		MOSCLEVO Due to (or as a con:	re Can						Approximate Interval Between Onset and Death
o,	icate be executed physicien end s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	b	Due to (or as a cons	equence of):						
x 68760,	\$ D0	Medical	that initiated events resulting In death) Last	d	Due to (or as a cons	equence of):						
8	atten for us	Physician/N									1	
Ö	the d	hys	Pert ii. Other significant conditions		ut not resulting in the	underlying cause	e given In P	ert I.				the cause of death?
ώ.	s thet	by P	Hupertens10	/]					1 U Yes	8 2□ No	3 Pro	bably 4 Unknown
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r	The late happened	E							1□ Yes	2 1 No	10	Yes 2 No
Ea	ilan: ortifica ctor,	Be (25. Was case referred to medical examiner?				26. P	iace of Death	(Check only one)		
<u> </u>	hyste	P	1 Ves 2 No	Hospital: 1 Inpatie	ent 2KER/Outpat	ent 3□ DOA	Other: 4 [Nursing Hon	ne 5 🗆 Residen	ice 6 Oth	er (Specify	y)
nois	To the Hospital or Attending Physician: The law within 24 bours after death. To the Funeral Director Atter this certificate has completely filled in by the funeral director, page 2	ation:	27. Menner of Death 1 Natural 5 □ Pending 2 □ Accident investigation		ry Year) 28b. Time		Injury at Work? 1 □ Yes 2		28d. Describe how	v Injury occur	red	
	al or Atto s after de ni Directo ed in by t	Certification:	3 Sulcide 6 Could not be determined		ury - At home, farm, c. (Specify)	street, factory, off	ice	2	28f. Location (Stre City or Town,		er or Rure	l Route Number,
	n 24 hour n 24 hour ne Funera	edical	29a. Certifier (Check only 20 Medical Example)	nysician: To the best minar: On the basis of end manner sta	examination and/or	eth occurred at th	e time, dete ny opinion, d	end plece, a death occurre	and due to the cau	use(s) and me te and place,	enner as st and due to	ated. the cause(s)
	To the To the Com	Σ	29b. Signature and title 6 carping	- Deput	y Midrif ?	29c. Lie	ense numb	er +19	290	d. Date signe	25/9	
			30 Name and address of Person who Charlene Letch	completed cause of d	eath (item 23a) (Typ	e, Print)			,Waldorf	,Maryl	and 2	20603
	Sta	te	31. Dete tiled (Month, Dey, Year)	32. Registr	ar's Signature					117		
	Registr	ar	DEC 2 7 19	396 Juli	Shudear Ro	roball						

State of Maryland / Department of Health and Mental Hygiene 96 40631

							Cei	rtificate	of L	Death	F	leg. No.		
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	Physic /Medi		LILLIAN		MA	Y	MARS	HALL			DEC.	L9 19	Yeer 9.6	9:15 A
	Exami		4a. Facility Neme (If not i	institution, giva	s <i>treet</i> and n	um <i>ber)</i>			41	b. City, Town, or L		4c. County		
1			1200 S. W	VASHIN	GTON	ST.				EASTON		TA	LBOT	
	Funerai Director		5. Social Security Number 212-03-64	136 1 ¹⁰	х Эм Ж Жг	7. Aga (In yr 86	s. last birthday) Yrs.		Year Days	If Undar 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day DEC • 2		9. Birthp	placa (Stata or Foreign
	and and		Usual Residence of Dece 10a. Stata 10b.	County		10c. (City, Town or Lo	cation					1	0d. Inside City Limite
	within 72 hours after death with the Maryland ene. than "naturel", or liems 23s or 28s-f show he Medical Evaminer must be notified at	ō	MD	TAL	вот				ASI	ON				1 ☐ Yes XXNo
	the 28s	Director	10e. Street and Number					10f. Zip C	oda			IOg. Citizan of \	Mhet Cour	nin/?
	with we	ō	1200 S. V	ACUTN	CTIONI	CTT							SA	,
	leath m 2:	Funeral	11. Maritel Stetus			cedent Ever In	U.S. 13.1	216 Was Deceda		spanic Orlgin? (Sr	ecify Yas or No-			can Indian,
	fler of fler	F	1 Naver Married		Armed F	orcas? 2X No	10.	f Yes, specif	y Cubar	spanic Origin? (Sp n, Maxicen, Puarto	Rican, etc.)	Blac	ck, White,	
020	ors a	by	37 Widowad 4 □ 0		If Yes, G Yaar or	iiva		1□ Yes 2	¥No	Specify:		Specify	WH	ITE
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nd	tal Hygid d other event, the	Be	17. Fathar's Name (First,	Middla, Last)			-			18. Mothar's Nam	a (First, Middla,	Maldan Suman	na)	
<u> a</u>	should be filed withind Mental Hygiene. I marked other than umatic event, the Mental count, the Mental	To	ROBERT MI	LTON :	REEVE	S				MARY E	LLEN WA	ARFIEL	D	
Maryland	0 8 8 2	1	19a. Informant's Name/F	leiationship (Ty	rpe, Print)		19b. Mailir	ng Addrass (Street a	nd Number or Rui	ral Routa Numbe	r, City or Town,	Stata, Zip	Code)
	1 and 2 Health em 27 i		DOUGLAS N	IARSHA:	LL/ S	ON	206	MORRI	SI	DRIVE,	SALISBU	JRY, M	D 21	804
altimore,	00-		20a. Mathod of Disposition	metion 3 🗆 F	lamoval fron	Stata	Plece of Dispo cematary, crer PRING	natory or oth	ar plece	METERY	Data 12-23	20c. Location - EASTO		
Balti	permit. Pag Department Important: if any Injury o		21, Signature of Funaral	Sarvice Licans	99	D C F	16 P F		S,	HELFENI				NERAL HO
	_		23a. Part1. Entar the dis	aasa, or compt	cations thet	causad tha da	ath. Do not ent	00 S. er tha moda	HA of dying	RRISON , such as cardiac	ST., F	EASTON ast,	, MD	Approximata
	Physician		shock, or haart failu	ire. List only or	na causa on	each line.							1	Intarval Between Onset and Death
и	/Medical		Immediata Ceuse (Final diseasa or condition		11	+	0	Ò1	2	00 -	- 2 .			10 min
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	requires that the death certificate be executed seen signed by the attending physician and ihould be detached for use as the buriel-transit	Examiner	Sequantiatly list condition	ns.		Dua to	(or as a conseq	juance of):		dosis i Res	<u>. </u>		-	7
o o	an a		Sequantially list condition if any, leading to immedi- causa. Enter Underlying Causa (Disease or Injury	ata	α	ntan	ion	0000	1	· Q .	-+1.	1001		6
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	ertifica ling ph	Med	rasulting In death) Lest				,	,						ξ.
Вох	eath cer attendin				J									7
	death e atte	Physician	Part II. Other eignificant	conditions cor	tributing to	daath but not ra	asulting in the u	nderlying cau	ısa giva	n In Part t.	23b. Did to	obacco use co	ntribute to	the cause of death?
P.0	that the de ed by the a detached	hy	14 1	201							101	00 2 DA	3 Prol	bably 4 Unknow
	es tha gned be de	by	Meta	stat	ic 3	grea	stc	are	in	o-ma				
ord	v require been si should	ted									24a. Was a	n autopsy med?	24b. We	ara autopsy findings altable prior to
Records,	Na Sisteman	Completed											CO	mpletion of cause death?
æ	8 L 0	E									1 🗆 Y	as 2 No	10	Yee 2□ No
Vital		Bec	25. Was casa refarred to	medicai						26. Piaca of Deal	th (Check only or	na)		
\$	S 50	To	axaminar? 1 ☐ Yas 2 ☑ No	H	lospitel: 1 🗆	Inpatiant 2	☐ ER/Outpatien	t 3 DOA	Otha	r: 4 Nursing Ho	ma 5 PRasid	anca 8 Oth	er (Specif	(Y)
J of			27. Menner of Death 1 ☑ Natural 5 □	Dendina	28a. Data	of Injury oth, Day Year)	28b. Tima of Injury	280	. Injury Work	at ?	28d. Dascribe h	ow Injury occur	red	
<u>Ö</u>	Attending or death.	atic	2 Accident	Panding invastigation		,,,	,,	М		as 2□No				
Division		Certification:	3 Sulcide 6 Sulcide	Could not be datermined	28a. Plac build	a of Injury - At ling, etc. (Spec	home, farm, str cify)	eet, factory, o	office		28f. Location (S City or Tow		er or Rura	Route Number,
	To the Hospital or within 24 hours after To the Funeral Director completely filled in	edicai C	29a. Certifiar 1 (Check only one)	Certifying Phys fedical Examin	ner: On the l	a best of my kr pasis of examinant stated.	nowledga, daath netion and/or Inv	occurred at rastigation, In	tha time	a, data and piace, inion, daath occur	and dua to tha c red at tha tima, d	ause(s) and me lete and place,	enner as st and dua to	ated. tha ceuse(e)
	To the within 2 To the comple	×	29b. Signeture end titla o	f certifiar				29c. l	License	number	2	9d. Date signe	d (Month,	Day, Year)
			Robe	ntw.	Tan.	Hen I	M.D		D10	938		12-2	0-9	(0
] }	,	V V,	1700	001, /	- (- (-),						- 1	

ROBERT W. TREVER, M.D., 7696 OCEAN GATEWAY, EASTON, MD 21601

State Registrar

30. Nama and addrass of person who completed cause of deeth (Item 23a) (Type, Print)

DEC 23 1996 >

State of Maryland / Department of Health and Mental Hygiene

Hygiene 96

40632

Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Death 3. Time of Deeth **Physician** MARY Madeline DECEMBER 08 MTT.T.S 6:10pm /Medical 4e. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner St. Mary's Hospital Leonardtown St. Mary's If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) If Under 1 Yaer Months Deys 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplece (Steta or Foreign Country) **Funeral** 10 M 20 F Yrs Director 213-24-4061 95 Jan 6, 1901 Maryland Usuel Residence of Decedent the Marylend 10e. State 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f sho traumatic event, the Modical Examinat I ust be nutfied at St. Marys Director Leonardtown 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? with 42700 Moll Dver Rd. 20650 Funeral USA 12. Was Decedent Evar In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Marital Status 14. Rece - Amarican Indian. permit. Pages 1 and 2 should be filed within 72 hours after d
Department of Health end Mental Hygiene.
Important: if item 27 is marked other than "natural", or item
any injury or other traumatic event, the Medical Examinar Black, White, atc. Yes 2⊠ No Yes, Giva 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: þ Specify: Black 3₺ Widowed 4 Divorced Year or Detas: Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) House Keeper Private Homes 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be George 2 F. Hehh Susie Barnes 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Edith Elizabeth McFadden/Daughter 42700 Moll Dyer Rd., Leonardtown, MD 20650 20b. Plece of Disposition (Neme of cematary, cremetory or other plece)
Our Lady's Cemetery 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete Leonardtown, Maryland 12/12/96 4 ☐ Donation 5 ☐ Other (Specify) 22. Neme end Address of Facility Mattingley-Gardiner Funeral Home, P.A. 21. Signetyle of Funeral Service Lice bardiner P.O. Box 270, Leonardtown, MD 20650 23e. Pert1. Enter the disease, or domplications that caused the deeth. Do not enter the moda of dying, such as cerdiac or respiretory arrest, shock, or heart feilure. List only one ceuse on each line. Approximete Interval Between Onset and Death Physician Immediete Ceuse (Finel diseese or condition resulting in deeth) /Medicai In Fouselica 30 mil Myocardial Examiner Due to (or es a consequence of) days Examiner 400seps15 Hospital or Attending Physician: The law requires that the death certificate be associted 24 hours after death.

Funeral Director: After this certificate has been signed by the ettending physician and buriel-transit Sequentielly list conditions, if any, leeding to immediata cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760, ettending physician I for use es the burie Physician/Medicai Dua to (or as e consequance of): signed by the ette Part II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Were autopsy findings 24e. Wes en autopsy performed? completion of causa of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical exeminer? Be 28. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA 1 Yes 2 No P Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Invastigetion 1.X Netural 1 ☐ Yes 2 ☐ No 2 ☐ Accidant 6 Could not be determined 3 Sulcida 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) in by 4 - Homicide within 24 hours aft To the Funeral Dis completely filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end menner stated. 29a. Certifier Medicai (Check only one) 29b. Signeture and title of certifiar 29c. Licanse number 29d. Date signed (Month, Day, Yaar) 0 47066 Ashah MD December 10, 1996 30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)

Leonardtown, MD. 20650

Julia Davidson Randall

32. Registrer's Signeture

State

Registrar

DR. Avani D. Shah

DEC 11

31. Dete filed (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene

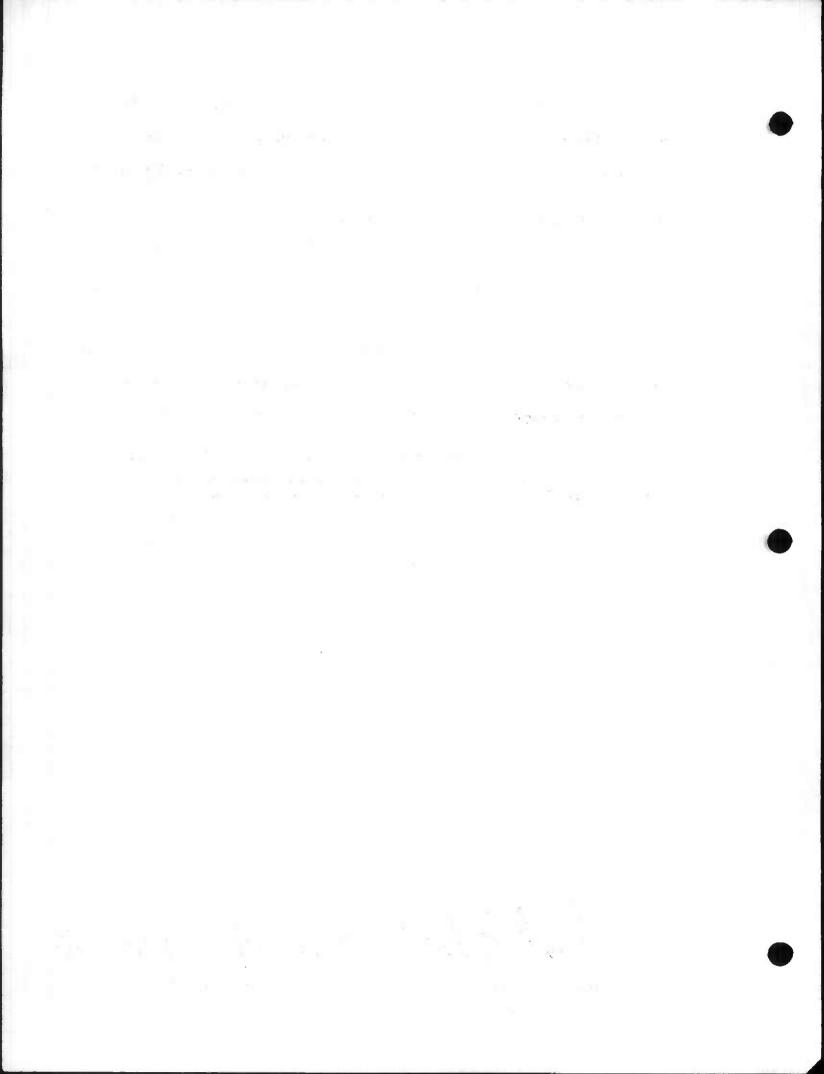
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						Cei	rtificate o	f Death		Reg. No.	20	40000
	Dhusia	ion	1. Decedent's Neme (First, Middle,	Last)					2. Dete of De Month	eth	Year	3. Time of Deeth
	Physic /Medi		JANET LOUISE						Decembe		996	1:50 PM
)	Exami	ner	4e. Fecility Neme (If not institution,	give street and number	er)				r Location of Deet		y of Death	
_			56 Spring Hill Road 5. Sociel Security Number	Cau 7	Ama /Im um la	n n é fe lath ain i i	If Under 1 Yes	Lexington			Marys	
	Funeral Director		171-22-1523 Usuel Rasidence of Decedent	3. Sex 1 □ M 2 € F	Age (In yrs. Id 67	Yrs.	Months Dey			24, 1929	Cou	placa (State or Foreig in(ry) Slyvania
	/land		10a. Stete 10b. County		10c. City	, Town or Lo	cation					10d. Inside City Limits
	Man	to	MD St. M	arys		Lexin	gton Park					1 ☐ Yes 21⊠ No
	or 28	Dire	10e. Street and Number				10f. Zip Code			10g. Citizen of	Whet Cou	intry?
	23a	a	56 Spring Hill Rd.				20653			USA		
21215-0020	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "naturel", or itema 23s or 28s-f show surmatic event, the Medical Examinar must be notified at	by Funeral Director	11. Merital Status 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. Wes Deceder Armed Force: 1 ☐ Yes 20 If Yes, Give Yeer or Detes	s? No	'	Wes Decedent of f Yes, specify Cu 1 ☐ Yes ※ XX N	f Hispenic Origin? uben, Mexican, Pur o Specify:	(Specify Yes or No arto Rican, etc.)		ock, White,	137
2	72 h	eted	15. Decedent's (Specify only highest			16a. Deced	ient's Usuei Occ kind of work don	upation le during most of w red)	orking	16b. Kind of E	Business/Ir	idustry
2	hen.	Completed	Elementery/Secondery (0-12)	College (1-4o	or 5+)					Chan a bai an	- C	1 (
	Hygie ther ther	ပိ	17. Fether's Neme (First, Middle, L.	ast)		Key Pui	nch Operat		eme (First, Middle			1 Company
lan	id be ental ked o	To Be	Carl Arthur Moorhea						ne Elizabe		*	
Maryland	s 1 and 2 should I Health and Men tem 27 le marke other traumatic	-	19a. Informent's Name/Reletionshi Carolyn Williamson					et end Number or Rd., Lexin				p Code)
altimore,	es 1 and 2 of Health I item 27 I		20e. Method of Disposition		0.0	eca of Dispo	sition (Neme of netary or other p	(aca)	Deta	20c. Location	- City or T	own, State
Ē	Pages 1 nant of He nt: If iten		12 Burial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe		(0		orial Gard		12/23/96	Leonardt	own, M	ID
Rait	permit. Pages Department of Important: If it eny injury or once.		21. Signature of Funeral Service Li	censes L	1 -	4		gess of Fecility Fardiner Fu		-		
			23a. Part1 Enter the disease, or c	omplicetions thet caus	ed the deeth			-				Approximate Interval Between
N	Physician		shock or haert feilure. List or	ny one ceuse on eech	iline.	1	0		+ 1	1		Onset and Death
	/Medical Examiner		Immediate Cause (Final disease or condition	. (10	nde	COD	amo	nacy 1	ach	ug		has
	Examiner	Ļ	resulting in deeth)		Due to for	ay a bansay	(ence of):	11	1.			,
	ped lisit	n lu		· 0 / 1	ull	Lype	8/	1 9/2	om	R		w.
- 6	death certificata be executed e attending physician and of for use as the burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediata cause. Enter Underlying		Due to (or	aga conseq	uence of):	1			-	7
P8/P0	siciar bound	edical	thet initiated avants	е	Due to fol	as a conseq	same off:	71				
Ó	g phy as th	led	resulting in deeth) Lest		Louis six (or	sa a conseq	weekse org.	V			1	
gox	th cert endin	an/M	•	d							-	
	o deat	Physician	Pert II. Other significant condition	contributing to death	but not resul	iting in the u	nderlying cause	given in Pert I.	23b. Dld	tobacco use co	ontributs t	to the cause of death
s, 7.	as that the death certific igned by the attending p be detached for use as	by Phy							10	Y88 20 No	3 Pro	obably 4 Unknow
DIOS	v requiras been sign should be									an eutopsy ormed?		Vere autopsy findings veilable prior to
ပ္	_ 0	Completed									of	ompletion of cause f death?
<u>r</u>	The ata h	Con							10	Yes 20 No	1	Yes 2 No
Vita	ysician: The	Be	25. Wes case referred to medical examiner?						eeth (Check only	one)		
OI	Physic chis c	မ	1 ☐ Yes 2 D No	Hospitel: 1 🗆 Inpa		R/Outpatien	T 3LI DOA		Home 5 Resi			(y)
	tending P death. tor: After t	lon:	27. Menner of Death 1 Netural 5 ☐ Pending	28e. Data of In (Month, E	Day Year)	28b. Time of Injury	W	ury at ork? □ Yes 2 □ No	28d. Describe	how injury occu	rred	
UNISION	Attending Physician: or death. ector: After this certific by the funeral director,	Certification:	2 Accident investiga 3 Suicide 6 Could no	t be	niury - At hor	me ferm str	eet, fectory, offic		28f. Location /	Street and Num	ber or Rur	ral Route Number,
2	after Dire	ert	4 ☐ Homicida determin	building,	atc. (Specify))	oot, rootory, onto		City or To			
	To the Hospital or Attend within 24 hours after deat To the Funerel Director: completely filled in by the	edical C	29e. Certifier 11 Certifying (Check only one) 2 Medical Ex	Physician: To the besis	of examinetic	riadga, daath on and/or inv	occurred et the restigation, in my	time, deta end pla opinion, death oc	ce, and due to the curred et the time,	cause(s) end m	anner as a , and dua t	stated. to the causa(s)
	To the To the comp	Me	29b. Signeture end title of certifier	1	1	- 11	29c. Lice	nse number	10	29d. Date sign	ed (Month,	Day Yago)
			30. Name and address of pason w	no completed cause of	M/VE	23a) (Tyro	Print)	004	7	17	13	116
			I D. 1. 1//I	has hop		Sel Author	11114	Loonard	tour MD	20650		

31. Registrer's Signature

DHMH 16 Rev 6/95

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 40634

					Certific	cate of	Death	Re	g. No.		
Dhunia	!	Decedent's Neme (First, Middle						2. Dete of Deetl Month	h Dey	Yeer	3. Time of Death
Physic /Med		Mary	Pauline			Mat	tingly	Decembe		1996	3:30 AM
Exami		4e. Fecility Neme (If not institution	-)			4b. City, Town, or	Location of Deeth	4c. County	of Death	
		St. Mary's Hos	pital				Leonard	ltown	St.	Mary	's
Funeral Director		214-42-2986	1011 AC =	ge (In yrs. last bi 83	Yrs. If U Mon	nder 1 Year aths Deys	If Under 24 Hrs Hours Min		Year) 1913	9. Birthpl Count Mar	ace (State or Foreign try) yland
pu *		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, Tow	vn or Location						Od. Inside City Limits
h the Meryland r 28a-f ehow	ctor	Maryland St. Ma	ry's	Comp	oton						1 □ Yes 2 No
death with the Meryland ms 23a or 28a-f ehow Emust be notified at	Funeral Director	General Delive:	гу		101	f. Zip Code 206	27	10	U.S.		.ry?
_ ja 2 2	by	11. Meritel Stetus 1 □ Never Merried 2☑ Merrie 3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces 1 Yes 2 If Yes, Give Yeer or Detes:	?		Pecedent of F specify Cub as 2 12 No	Ilspenic Origin? (S an, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)		e - America ck, White, e	etc.
- C - B	Completed	15. Decedent (Specify only highes Elementery/Secondery (0-12)	s Education grede completed) College (1-4or		. Decedent's (Give kind o life. DO NO	Usuel Occup If work done OT use retire	pation during most of wo d)	orking	16b. Kind of Bu	siness/Ind	ustry
d 21 filed wi Hygien ther th	5	7th Grade			Homen	naker			Own	Home	
ore, Maryland 212 s 1 and 2 should be filed within t Heelth and Mental Hygiene. Item 27 is marked other than other traumatic event, in a	To Be	17. Fether's Neme (First, Middle, L Joseph	spencer	Cus	sic		18. Mother's Na Dai	me <i>(First, Middl</i> e, N Sy	leiden Sumer Ann	Adaı	ms
ary sho		19e. Informent's Neme/Relationsh	lp (Type, Print)	198	b. Meiling Add	iress (Street	and Number or R	ural Route Number,	City or Town,	Stete, Zip	Code)
Mand 2: and 2: alth a saith a		Joseph W. Matt:	ingly/Spouse	e	Genera	al Del	iverv, C	ompton, M	D 206	27	
of Health of Health of Health of Health of them 27 I		20e. Method of Disposition		0.000.040	of Disposition ary, crematory	(Neme of			20c. Location -		wn, State
Peg Peg nent mm: H		1 Surlei 2 □ Cremetion 4 □ Donetion 5 □ Other (Sp 21. Signeture of Funerel Servica L	ecify)		loysi	ıs Cem	etery				, Maryland
Balt permit. Departr importr any inju		Machael Servica E	LA L	Ani.				r Funeral ardtown,			0650
		23e. Pert1. Enter the disease, or a shock, or heert feilure. List of	complications that cause	d the deeth. Do							Approximete Interval Between
Physician /Medical Examiner		Immediate Ceuse (Final disease or condition resulting in death)	e. An	Due to (or es e	lyra	and	tal of	farit	-		Onset and Deeth
nted insit	Examiner	lui	b					/			
58760, icete be axecuted physician end the burial-transit	ai Exa	Sequentielly list conditions, it eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	c	Due to (or es e	consequence	of):		16.			
5 0 8	Physician/Medical	that Initieted events resulting In death) Lest	d	Due to (or es a	consequenca	of):					
D Jeath death d for	cia	Pert II. Other eignificant condition	e contributing to death h	out not reculting I	In the underlyi	ing souse sh	on In Bort I	22h Did to	haass !!as ss	ntribute to	the cause of death?
IS, P.O. BOX es thet the death cer igned by the ettendir be detached for use	by Phys	COPD Ita	pollyro	rles	The underly	Cong	estire				ably staknown
Records, he law requires ti te has been signe age 2 should be	Completed b	Heart Far	tunk			0		24e. Wes ar perform	n eutopsy ned?	con	re eutopsy findings illable prior to inpletion of cause leath?
The law ate has page 2	E							1 ☐ Ye	s 20 NO	10	Yes 20-No
VITAL I	BeC	25. Wes case referred to medical					28 Place of De	eth (Check only one	~ _		
Of Vita Physician: this certific ral director,	To B	examiner? 1 ☐ Yes 2 No	Hospitel: 1 ☐ Inpati	ent 2 ER/O	utnetlent	NDOA Oth	nor:	Home 5 ☐ Reside		or /Specific	1
Physic remains		27. Menner of Deeth	28e. Dete of Inju		Time of	28c. Injus	4 🗆 Nursing i	28d. Describe ho			/
Affe Affe	tlor	1 Accident 5 Pending		y Yeer)	Injury M		rk? Yes 2∐No				
DIVISION or Attending after death. Director: After	Certification:	3 Sulcide 6 Could no determine	t be	jury - At home, fe c. (Specify)				28f. Location (Str City or Town		er or Rural	Route Number,
Division of Vital Re To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical C	29e. Certifier (Check only one) Certifying 2 Medical E	Physician: To the best xaminar: On the besis of end menoers	f_examinetion en	e, death occur nd/or Investige	rred et the tie	me, dete end plece	e, end due to the ce urred at the time, de	use(s) end me ete and plece,	onner es sto end due to	ated. the ceuse(s)
ithin o the	Me	29b. Signature and title of certifier		piou.		29c. Licens	e number	29	kt. Date signer	d (Month, E	lay, Year)
F≯FØ		• //	AL	7		DI	9917	e II	12/		
		30. Name and address of person of James C. Boyd,	ho completed cause of o	leath (Item 23a)	(Type, Print)	Cali	ernia, M	1D 20619			
St Regist		31. Date fled (Month, Day, Year)	1 1996 M	ara Signatura	or Refer	"	-				
DHMH 16 Ray 6/9	5	1414	7/9	1	1		X				

BALTIMORE, MARYLAND 21215-0020

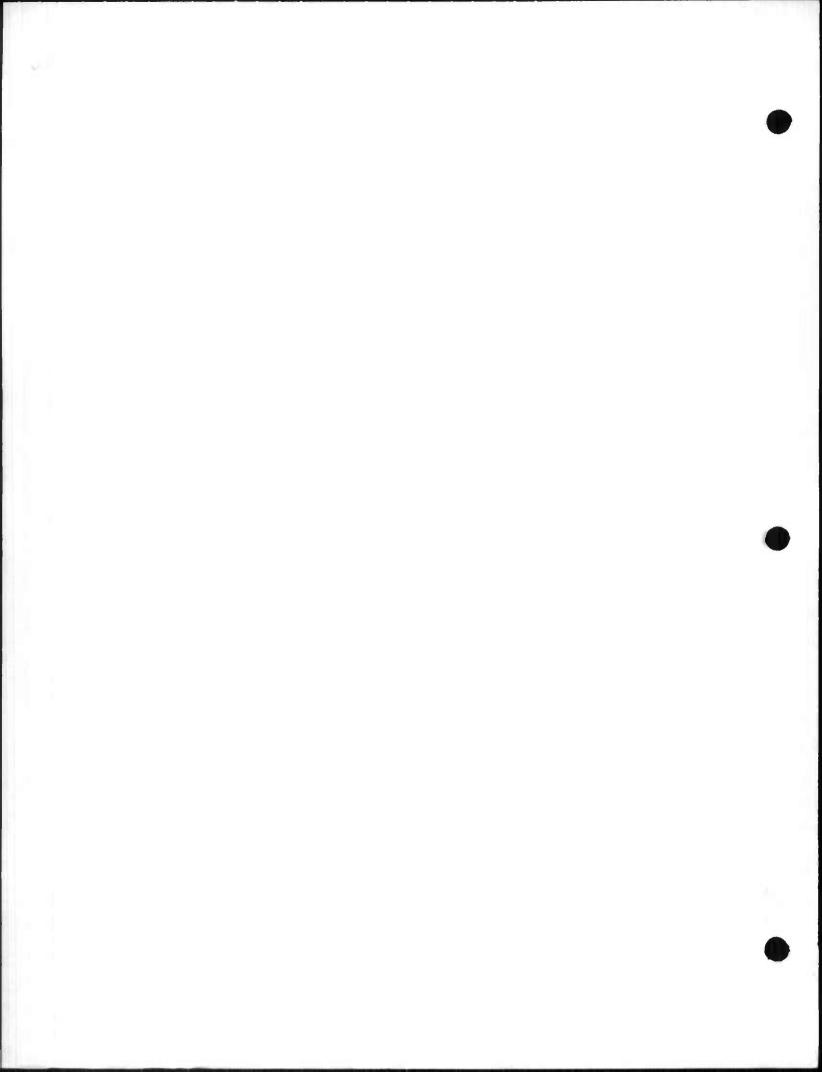
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAN		CE	:niir	ICALE	JE DEA		F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last							2. DATE OF MONTH	OEATH DA			3. TIME OF OEATH
	GERTRUDE O.	MOORE						Dec.	11		YEAR	7:30 AMM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 Y	AR IF UNDE	R 24 HRS.	7. DATE OF	BIRTH		8. BIRTHP	LACE (State or Foreign
	222-18-4068	1 🗆 M 2 💢 F	66	YRS.	MONTHS DA	YE HOURS	MIN.	01/06		0	Country)	ware
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCAT	ION OF DE		3/ 13-		NTY OF OE	
E E	16692 Steele Roa					lerson						
DIRECTOR	RESIDENCE OF DECEDENT				11611	ier sou				La	rolin	ie
m	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR L	DCATION					1	lod. INSIDE CITY
片	Maryland Car	oline		He	nders	n					- 1	LIMITS?
7	10e. STREET AND NUMBER					10f. ZIP COD)F			100 CITI		TAT COUNTRY?
2	16692 Steele Roa	a										
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	FUED BLUE AND		1		640				.S.A.	
교	1 Never Married 2 Married	FORCES? 1	YES 2 XN	MEO	If ye	s, specify Cub	en, Mexica	IIC ORIGIN? (S n, Puerto Rice	pecify Yes n, stc.)	or No	14. RACE - Black,	- American Indian, White, stc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WI	IR OR DATES		10	YES 2 X NO	Specify	:			Specify:	
	15. DECEDENT'S ED	ICATION	see De	CEDENTIO	USUAL OCCU						Whi	te
COMPLETED	(Specify only highest grad	le completed)	(G/	ve kind of a Do NOT us	vork done durin	g most of work	ing	16b, KJN	ID OF BUS	INESS/IND	DUSTRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5+)		mema					~	TT		
×	17. FATHER'S NAME (First, Middle, Last)		110	Mena	ver					Home		
	The state of the s							ME (First, Middl		Sumame)		
BE	Arthur Hutson							ice War				
2	19a. INFORMANT'S NAME (Type/Print)							loute Number, (
	Floyd R. Moore		1	6692	Stee]	e Road	d; He	endersc	on, M	D 2	1640	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rec	noval from State	20b. PLACE A	ND DATE (F OISPOSITIO	N (Name of		DATE	20c. LO	CATION -	City or Town	n, State
	4 Donation 5 Other (Specify)	TOTAL STATE	Greens	borc	Cemet	erv			Gre	ensb	oro,	MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		,	22. NAN	E AND ADDRE					020/	
	ATA	1502 1	1 11		McKr	att Fu	mera	1 Home	, In	C.		
	sewis n	· MCE	naki		[50 C	ommer	ce St	.; Har	ring	ton,	DE 1	9952
	23. PART I. Enter the disesses, or shock, or heart failure	List only one cause	ceused the de	eth. Do n	ot enter the	mode of dy	ing, suct	ss cerdiec	or respi	ratory srr	est,	Approximats
	IMMEDIATE CAUSE (Finei											Interval Between Onset and Death
П	disease or condition resulting in death)	. /	1 . 0.		10.	1						
	Total III	DUE TO (OR AS A CONSEC	UENCE O	7:		_					1
z		b/	OR AS A CONSECUTION AS	2/1	-1 C	Ad	(1				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	UENCE OF):	(7			
181	cause. Enter UNDERLYING								,			
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (6	OR AS A CONSEO	UENCE OF):							
토	resulting in death) LAST	4										
2												
4	PART II. Other significant condition	na contributing to d	leeth but not re	sulting i	n the under	ying ceuse	given in i	Part i. 24s	PERFOR			ERE AUTOPSY FINDINGS
EDICAL								1	YES 2		C	OMPLETION OF CAUSE
. = .												F DEATH?
≥								- 1				YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL	T			2	S. PLACE OF E	DEATH (Cho	ch anti anni				
PHYSICIAN	EXAMINER? 1 YES 2 YO	HOSPITAL:	ED40-da-di-sa 0	7.00.	OTHER:							
≚	27. MANNER OF DEATH	28e. DATE OF II		28b. TIM		Home 5 PLR	esidence (6 Cher (Sp				
	1 Natural 5 Pending	(Month, Day	, Year)	INJ	JRY	WORK?	7.00	28d. DESCRIE	SE HOW IN	JURY OCC	CURED	
B	2 Accident Investigation	20- 54 405 05	IN HUMAN ALL			YES 2	_ NO					
0	3 Suicide 6 Could not be 4 Homicide determined	building, at	INJURY — At hor tc. (Specify)	ne, farm, s	treet, factory,	office		26f. LOCATIO	N (Street al wri, State)	nd Number	or Rural Rou	te Number,
E												
7	(Check only CERTIFYING PHYS	ICIAN: To the best of n	ny knowledge, des	th occurre	d at the time,	data and place	a, and due	to the cause(e)	and man	ner en state	ed.	
COMPL	One) 2 MEDICAL EXAMIN											nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE						ENSE NUM		Т			THE STATE OF
B		Naco	10	>		Are	15	71		APG. DATE	SIGNED	Ionth, Pay, Year)
임	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CALLS	OF DEATH ATEN	270 /T-	Driet)	1-112	- (4	1			141	3/16
	0 110.	A. ~				1						
	ROBERT H. KADNICH	M.D. 5	405.6	OVE	ENORS	ANE	DOVE	e De	- 19	904		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR		ريز	1 00							
	DEC 16'9	0 1 50	hu wavida	11-110	notable							



State Registrar 31. Dete filled (Month, Day, Year)
DEC 3 0 1996

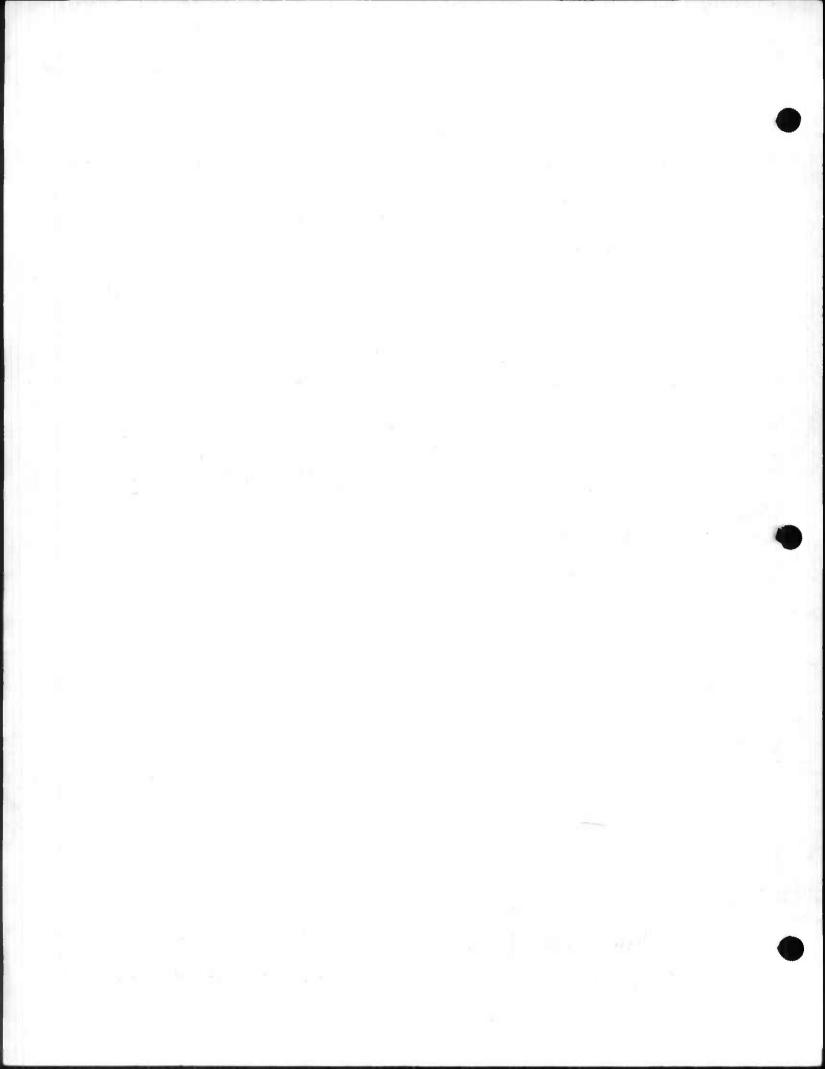
DRYDORAD

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

10 MSU My 111 Penn Street, Baltimore, Maryland 21201
32. Register's Signature

6. Shir Street Signature

6. Shir Street Signature



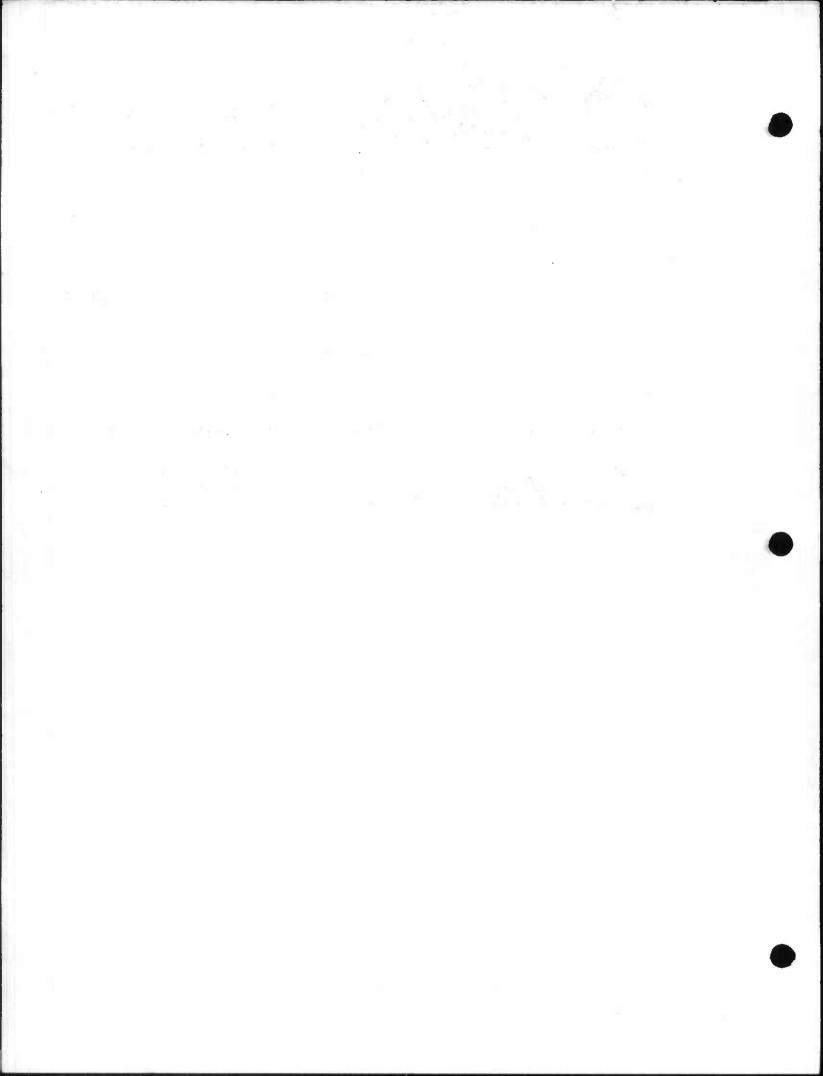
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2 Date of Death

Thelma S. Mayers 1. Decedent's Nama (First, Middla, Last) 2. Date of Death Month **Physician** 1 96 (d /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Snow 50. K 0 If Under 1 Year If Undar 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** 7093780 Months Days 1 M 2 F 78 Yrs **Director** Fruitland, MD Usual Rasidanca of Dacedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important if Item 27 is marked other than "naturel", or items 23s or 28s4 show may follow ye not have beautifully and the trainfalse event, the Medical Experime must be notified as 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "naturel", or flems 23s or 28s-f show 1∑ Yas 2 No Director MD Wicomico Fruitland 10e. Street and Number 10f. Zip Coda 10g, Citizen of What Country? 21826 107 Staton Street U.S.A. Funeral 14. Race - Amarican Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 1 ☐ Yes 2 ☐ No If Yes, Give 1 ☐ Nevar Married 2 1 Married 1 Yas 3 No þ 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Spacify only highast grade completed) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) Shirt Manufacturing Seamstress 11 17. Fathar's Nama (First, Middie, Last) 18. Mother's Neme (First, Middla, Maldan Sumema) Be 9 James E. Smith Daisy 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 107 Staton Street, Fruitland, MD 21826
oe of Disposition (Name of Data 20c. Location - City or Town, State Joseph R. Mayers-Husband 20a. Mathod of Disposition Burial 2 Cremation 3 Removal from Stata 4 Donation & Other (Specify) Allen Cemetery
22. Name and Address of Facility 12/19/96 Allen, MD Holloway Funeral Home, P.A. 501 Snow Hill Road, Salisbury, MD or heart failure. List only one cause on each line. Physician /Medical edleta Causa (Final diseasa or condition rasulting in death) Examiner Due to (or as a consequence of) Physician/Medical Examiner physician and the burief-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. Dua to (or as a consequence of): 80 980 for signed by the a d be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to complation of cause of death? Completed 24a. Wes an autopsy performed? page 2 hes certificate 1 Yas 2 No 1 Yas 2 No Hospital or Attending Physician: 25. Was case general to medical examiner? Be 26. Placa of Death (Check only ona) Hospital: 1□ Yes 2⊠No Othar: 4⊠ Nursing Homa 5 ☐ Rasidenca 6 ☐ Othar (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28h Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding 1 🖾 Naturai death. 1 ☐ Yes 2 ☐ No Invastigation 2 Accident ofter death Director: 6 Could not be detarmined 3 Suicide 28e. Placa of Injury - At home, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 ☐ Homleida 24 hours e 29a. Certifiar Medical 150 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated. (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the causa(s) and manner stated. within 2 To the 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 12-16-96 regario 30. Nema and address of parson who complated cause of death (Itam 23a) (Type, Print) GREGORIO M. BELLOSO, M.D. 5302 CHINABERRY DR., SALISBURY, MD 21801

State Registrar

31. Date filed (Month, Day, Year)
DEC 1 9 1996

82. Registrer's Signature



State of Maryland / Department of Health and Mental Hygiene 40638 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death **Physician** Maurer Month 7:55 pm December 18, /Medical 4e. Facility Nama (If not institution, giva street and number) City, Town, or Location of Deeth 4c. County of Deeth Examiner HOUTE-O Nursing -de-Grace ItIzens Home 8. Date of Birth (Month, Dey, 08-15-5. Social Security Number Age (In yrs. lest birthday) Birthplaca (Stete or Foreign. Country) **Funeral** Days 1 M 2 □ F Yrs 097-07-6528 91 Director Austria Usuel Residence of Decedent Pages 1 and 2 should be filed within 72 hours efter death with the Maryland nent of Health and Mental hygiene.
ant: If Item 27 is marked other than "natural; or Item 23a or 28a-f ahow ury or other traumatic event, the Nedical Examinating must be nothed as 10a Steta 10b County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No Directo MD Harford Joppa 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 502 Echols Court 21085 USA Funeral 12. Was Decedent Evar in U.S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-lf Yas, specify Cuben, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Bieck, White, etc. 1 Never Merried 2 Married 1 XYes 2 No If Yes, Giva Year or Detes: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Home Improvement 12 Salesman 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumema) Be Fanny Stoltz Max Maurer 19e. Informent's Neme/Reletionship (Type, Print) Daughter 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Constance Farbman 8297 Capel Drive, Pasadena, MD 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State permit. Pages Department of Important: If it sny injury or c 1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Ramovel from Stete R. A. Ferris & Co., Inc 12/20/96 West Chester, PA 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licen-22. Nama and Address of Facility
Mitchell-Smith Funeral Home, Havre de Grace, MD 21078-3197 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiec or respiretory arrest, shock, or heart fellure. List only ona cause on each line. Approximete Intervel Between Onset and Death Physician /Medical Immediate Ceuse (Finel disaasa or condition resulting in deeth) Bladder ear Examiner Due to (or es a consequence of): Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immadiate cause. Enter Undarlying Couse (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es a consequence of): ettending pl for use as t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Caranoma 1 Yes 2 No 3 Probably 4 Unknown by 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? page 2 1 Yes 20 No 1 ☐ Yas 2 ☐ No certificate Hospital or Attending Physician: 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Durising Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA this funeral 28e. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 1 Netural 5 Pending after death. 1 Yes 2 No investigetion 2 Accident 6 Could not ba 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 T Homicide 24 hours a 15 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and dua to the cause(s) and manner as stated. To the Hospi within 24 hou To the Funer completely fil edical 29a. Certifler (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, dete and place, end due to the ceuse(s) end manner steted. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 12919196 Wunan 032609 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Kannakin Muhani mo 703 Revolution St - Harre De Graum 21098

32. Registrar's Signeture

31. Date filed (Month Pey, Yey) 3 1996

State Registrar

State of Maryland / Department of Health and Mental Hygiene

40639

or Attanding Physician: The law requires that the death certificata be axecuted and Box 68760, ettending physician for use as the buna signed by the e Division of Vital Records, P.O. peen certificate director this Affer s after deeth.

I Director: After deeth.

In by the furnity of the the Hospital

Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death Month **Physician** Cea an 7:58PM December /Medical 4a. Facility Nada (If not institution, giva straat and number, 4b. City, Town, or Location of Daath 4c. County of Death Examiner Fallston General Hospital Fallston Harford 5. Social Sacurity Number if Undar 1 Yaar if Undar 24 Hrs. 6. Sax 7. Aga (in yrs. last birthday) **Funeral** 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) Days Months 1X M 2 ☐ F Hours Director 233-12-8883 78 Mar. 22, 1918 W. Virginia Usuai Rasidanca of Dacedant death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location or items 23a or 28a-f show 10d. insida City Limits the Medical Examiner must be notified at 1 Yas 2 No Director Maryland Harford Street 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 2700 Wilson Road 21154 Funeral USA 11. Marital Status 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Raca - Amaricen Indian, Black, Whita, atc. filed within 72 hours efter 1 ☐ Navar Marriad 2 X Married XYas 2 No Maryland 21215-0020 1 ☐ Yas 200No Specify: à Yaar or Dates: WW II 3 Widowed 4 Divorced White "natural" Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Hygiane. Elamantary/Secondary (0-12) Collega (1-4or 5+) Welder 6 Ship Building other permit. Peges 1 and 2 should be file.
Department of Heelth and Mental Hy
Important: If Item 27 is marked other
any Injury or other traumatic evant. 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Surnama) Be Gaither Wilson Miller Stella Mae Shannon 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Ruby L. Miller - Wife 2700 Wilson Road, Street, Maryland 21154 Baltimore, 20a. Mathod of Disposition 20b. Place of Disposition (Nama of 20c. Location - City or Town, Stata cemetary, crematory or other place) 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othen (Specify) Bel Air Memorial Grdns. 12-23-96 Bel Air, Maryland 21. Skinay 22. Nama and Addrass of Facility Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, MD a death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, Approximata Intarval Between Onset and Death Physiclan /Medical Immediata Causa (Final Kespiratury disaasa or condition rasulting in death) **Examiner** Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Diseasa or Injury that initiated events resulting in daath) Last Physician/Medical Dua to (or as a consequence of): COV Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3⊠ Probably 4 ☐ Unknown þ 24b. Wara autopsy findings available prior to completion of ceusa of daath? Completed 24a. Was an autopsy performed? 1 Tyas 25 No 1 ☐ Yas 2 No Be 25. Was cesa refarrad to medicei 28. Placa of Death (Check only ona) 2 Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yas 2DKNo 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending invastigation 1 Natural 1 Yes 21 No 2 Accident 3 Suicida 6 Could not be datarmined Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicida within 24 hours af To the Funeral Di completely filled in Medical 29a, Certifian 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, date and place, and dua to tha causa(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to the causa(s) and manner stated. (Check only one) 29b. Signatura and title of certifian 29c. Licansa number 30. Nama and address of person who comple ausa of daajh (Itam 23a) (Type, Print) 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura State 23 Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Death December 21, 1996 **Physician** Frank Earl Morris /Medical 4a. Fscility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 741 Cambridge Avenue Harford Aberdeen 8. Date of Birth (Month, Dey, Year) Jan. 14,1935 If Undar 1 Yaar | if Under 24 Hrs. 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplece (Stata or Foreign Country) **Funeral** Months Days Hours **™** M 2□ F Yrs 61 Director 226-40-4813 Virginia Usuel Residence of Decedent the Marylend 10a. Stete 10b. Count 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic avent, the Medical Examinal must be notified at 10d. Inside City Limits DOYes 2 No Maryland Harford Aberdeen Direct 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? with 741 Cambridge Avenue 21001 U.S.A. Funeral death permit. Pages 1 and 2 should be filed within 72 hours effer deat Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural" ~ English of other trauments average. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Rece - American Indian, Bleck, Whita, atc. ne Yes 2 No If Yes, Give Yaar or Datas: Vietnam 1 Naver Merried 2 Married 1 ☐ Yes 2XXNo þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) Military U.S. Army 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middla, Meidan Surnama) Frank E. Morris, Sr. Mary Ella Burnette 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Frances Morris (Spouse) 741 Cambridge Ave., Aberdeen, Maryland 21001 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Suriel 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetlon 5 □ Other (Specify) Harford Memorial Gardens 12/24/96 Aberdeen, Maryland 21. Signeture of Furferel Sarvice Licenses 22. Nema and Addrass of Facility
Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399 23e. Perf.1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Colon Cancer /Medical Immediate Cause (Finel disease or condition resulting in deeth) Examiner Examiner physician end s. the burial-transit Sequentielly list conditions, if eny, leading to immediata causa. Enter Underlying Cause (Disease or Injury that initiated events rasulting In death) Last Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Due to (or es a consequence of): 950 0 ed by the el Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 Yes 2 No 3 Probably 4 Unknown Records, à should ! 24b. Were sutopsy findings available prior to completion of cause of death? Completed 24e. Was an autopsy performed? hes certificate 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; I 25. Wes casa raferred to medical Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) 27. Menger of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 1 Neturel 5 Pending 1 Yes 2 10 investigetion 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 4 Homicide edicai 29e. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, end dua to the cause(s) and manner as steted. 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture and title of certifie 29c. License number 29d. Dete signed (Month, Day, Year) 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) Shed ELETON, MD 21421 138 Calledra 31. Dete filed (Month, Day, Year) DEC 23 32. Registrar's Signatura State Registrar

Section 2 to the second section 2 to the

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth 3. Time of Death **Physician** Month Alice North Irene 16:35 4 19 23 /Medical 4b. City. Town, or Location of Death 4e. Facility Neme (If not institution, giva streat and number) 4c. County of Death Examiner Horchester tospita Genera Dorchester Cambride If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 5. Sociel Security Number 6 Sex Birthplaca (Steta or Foreign Country) **Funeral** 1□M 20 F Yrs Director 212-10-6633 80 Sept. 30, 1916 Maryland Usuat Residence of Decedent death with the Meryland 10h County 10c. City, Town or Location 10d. Inside City Limits from 27 is marked other than "natural", or from 23a or 28a-f ahor other traumatic event, the Medical Examinar must be notified at Maryland Dorchester Cambridge 1 ☐ Yes 2X No Director 10a. Street and Numbar 10f. Zip Code 10g. Citizen of What Country? 1340 Hudson Road 21613 U.S.A. Funeral permit. Pages 1 and 2 should be filed within 72 hours after deab Department of Hebith and Mental Hygiene. Important: if flem 27 is merked other than any injury or other trained. 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Yaer or Datas: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indien, Bleck, White, etc. 11. Meritel Stetus 1 Nevar Merried 2X Merried 1 Yes 2 No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) Coltege (1-4or 5+) 10 Housewife Homemaker 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Ira Dail Sanders Louise C. Bromwell 19a. Informant's Name/Retetionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Perry North - Husband 1340 Hudson Rd., Cambridge, MD 21613 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, State 1 Burlei 2 ☐ Cremation 3 ☐ Removel from Stete
4 ☐ Donetion 5 ☐ Other (Specify) 12-26 Old Trinty Cemetery Church Creek, MD 21. Signature of Funeral Service Licensee 22. Nema and Addrass of Fecility Curran-Bromwell Funeral Home, P.A 308 High St., Cambridge, MD 21613 308 High St., Cambridge, complicated that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, only cause on each line. wire Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final 36 hrs Cerebrovasular disease or condition resulting in deeth) Examiner Due to (or es a consequence of): Examiner physician and the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasuiting in death) Last Due to (or es a consequance of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of): 80 0 signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown py 24b. Wera eutopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? Completed **Deed** has certificate relevotiz 1 Yes 28 No 1 Yes 25 No or Attending Physician: ofter death. Director: After this certifica 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) exeminer's Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ပ 1 Tyas 27KNo funeral 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: 5 Pending investigation † DeNetural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not ba 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) To the Hospital or Atte within 24 hours effer de To the Funeral Directo completely filled in by the 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 🗺 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, and due to the causa(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete and piece, end due to the cause(s) end menner stated. 29b. Signature and title of certific 29c. License number 29d. Date signed (Morith, Day, Year) MB 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Malkus Street 408 MB 31. Dete filed (Month, Day, Year) 32. Registrar's Signeture

Jahr Davidson Randall

DEC 3 0 1996

State Registrar

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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						Ceri	incate	UI	Dealli			Reg. No.		
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3	Exami		4e. Fecility Neme (If not institution, The Memori		al		_		4b. City, To		cation of Dee	th 4c. County Talb		
	Funeral Director		5. Social Security Number 218–48–8452		e (In yrs. last bi	rthday) Yrs.	If Under 1 \ Months D	Yeer		24 Hrs. Min.	8. Dete of B (Month, D 3-27-5	irth ay, Year)	Cour	elace (Stete or Foreign etry) aware
	yland		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, Tow	n or Loc	ation					<u></u>	1	Od. Inside City Limits
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Baltimore,	permit. Peges 1 en Department of Healt Important: If Itam 27 any Injury or other: 900.00.		20e. Method of Disposition 1 🕅 Buriel 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spe			ry, crem	ttion (Neme etory or othe e Ceme	r pie		1/	Dete 4/97	20c. Location - Denton,		
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	To the Hospital of within 24 hours el To the Funeral D completely filled i	edical C	29e. Certifier Certifying (Check only 2 Medical Ex	Physician: To the best of xaminer: On the basis of end,menner ste	exeminetion en	deeth	occurred et t estigetion, in	he ti	ime, dete en opinion, dee	nd plece, e	end due to the ed et the time	ceuse(s) and ma , date end plece,	anner as s and due to	teted. o the cause(s)
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			30. Neme and address of person w	ho completed cause of de	1 - 1	(Type, P	rint)		act	70.0	MA	12/2 2/60	91	
	Sta Registr		31. Dete filed (Month, Dey, Year)	32. Registre	or's Signeture	1-Pa	ndelle	_		-1.				

DEC 26 1996

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ľ	Physici		DAVID SULLI Output DAVID SULLI DAVID		RRC)ጥጥ					2. Data of Deeth Month DEC. 2	1	Year	3. Time of Death 8:00 AM	_
	/Medic Examir		4a. Facility Nema (If not institution 27843 ST. MIC	n, giva street and n	umber)					4b. City, Town, or EAST(Location of Death	4c. County		0.00 711	
	Funeral Director		5. Social Security Number 218-07-0870	6. Sex 100 M 2□ F	7. Ag	o (in yrs. last	birthday) Yrs.	If Under Months		If Under 24 Hrs	8. Date of Birth	Year)	9. Birthplac	a (Stata or Foreign	
	with the Maryland a or 28a-f show be notified at	tor	Usuel Rasidenca of Decedent 10a. Stete 10b. County MD T	ALBOT		10c. City, To	own or Loc	eation EAS	STO)N	701111120	71320		Inside City Limits	
	€ 23 €	Funeral Director	10e. Street end Number 27843 ST. MI	CHAELS	ROA	\D		10f. Zip		601	10	g. Citizan of \	What Country	?	
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/Igun z	S a b s	To Be Co	17. Father's Nama (First, Middle, JAMES ISAA		rot.	1	OWI	NER			me (First, Middle, M A SULLIV.			STORE	
c, Mai	s 1 and 2 should if Health and Mer Nem 27 is marks other traumatic		19a. Informant's Name/Relational MILDRED F. P		WI	FE	2784	43 S	г.		ural Routa Number, S ROAD,	EAST	M, MC	D 21601	
	t. Page tment o tant: If		20a. Method of Disposition 1 Burial 2 Cremation 4 Donation 5 Other (S) 21. Signature of Funaral Service		Stata	CHES	APE	AKE (ha <i>r pl</i> e CRE	MATION		Oc. Location -			
ý	Physician /Medical		23a. Part1. Enter tha disease, or shock, or heart failure. List Immediata Cause (Final disease or condition	mERC complications that only one cause on	caused	the daeth. D	FEI 200	LLOWS	5, HA	HELFENE RRISON	SEIN & N ST., EA	STON,	MD 2	RAL HOM 1601 pproximata terval Between nset and Death	E
	icate be executed physician and sthe burist-transit	ian/Medical Examiner	Sequentielly list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last	a	m	Dua to (or as	a consequ	uct	iń	e pulm	wary	emps	Ryson	a certain	
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-	D 6 9	Certification:	27. Manner of Death 1	etion	nth, Day	Year)	. Tima of Injury	М		ry at rk? Yas 2□No	28d. Dascribe hov				
2	Hospital or Attending A hours after death. Funeral Director: After etaly filled in by the fun		4 Homicida determi	ined 288. Plac build	ling, etc	ry - At homa, . (Specify)					28f. Location (Str. City or Town,	Steta)			
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State Registrar 29b. Signatura and titla of certifiar

ROBERT W. TREVER, M.D., 7696 OCEAN GATEWAY, EASTON, MD 21601
31. Data filed (Month, Dey, Year)

DEC 241996 DEC 241996

Tobert W. Trever, M.D.

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

29c. Licansa number

D10938

29d. Date signed (Month, Day, Year)

12-23-96

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 96 40644

						Ce	rtifica	ite of	Death		F	Reg. No.				
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	Examir		4e. Facility Name (If not institution, giv	e street end nui	m <i>ber)</i>				4b. City, To	wn, or Lo	ocation of Death	4c. (County of	Death		
			44643 Rolling Oal	k Lane					Calf	forn	ia	5	St. M	lary'	S	
Г	Funeral		5. Sociel Security Number 6. S	10.0	7. Age (In yrs.	lest birthdey,		er 1 Yeer			8. Dete of Birt	h Vees)	g	Birthple	oce (Stata	or Foreign
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Baltimore,			20a. Method of Disposition 1 ☐ Burial 2 ☑ Cremetion 3 ☐	1D		Plece of Disponentery, cre	osition (N	ame of other ple	ece)		Dete	20c. Loc	cation - Ci	ty or Tow	m, Stata	
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			20 Name and address of account	nompleted :-	a of death //	n 02c) /*		١ . ١	, - 0			'	1	, ,		
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Item: 5, per F.H. G-7			Certificate		leaith and Me Death		ene 9	6 4	0645
0	Physic /Medi	cai	Decedant's Nama (First, Middle, La	JOHN	RICHA	RD	F	KYOR :	Data of Death Month	Day R 19	1996	3. Tima of Death
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	Funeral Director		5. Social Security Number 0762 216-80- 0742 6. S	ex M 2□F	a (In yrs. last bi	Yrs. If Under 1 Months	Yaar Days	If Undar 24 Hrs. 8 Hours Min.	Data of Birth (Month, Day, Y JAN . 31	(ear) ,1963	9. Birthplace Country) WEST V	e (Stata or Foraign IRGINIA
	yland		10e. Stete 10b. County		10c. City, Tow	m or Location			1		10d.	Inside City Limits
	Sa-f st	Director	MARYLAND WICOMIC	0	SAI	LISBURY						1 ☐ Yas 2 ☐ No
	ath with the 23a or 23	ral Dire	10e. Street and Number 303 BROOKDALE DRI			10f. Zip C	21	804		U	Vhat Country	
Maryland 21215-0020	72 hours effer death with the Maryland "natural", or ferms 23a or 28a-f show folcal Examiner must be notified at	by Funeral	11. Maritel Stetus 1 Never Married 2X Married 3 Widowed 4 Divorced	12. Was Decedant Armed Forcas? 1 ☐ Yes 2 ☑ If Yas, Give Yaar or Detes:	Ever In U,S. ło	13. Was Decede if Yas, specif		ispanic Origin? (Specif n, Maxican, Puarto Ric Specify:	ly Yes or No- can, atc.)		e - American i ik, Whita, etc.	
15-0	- 3	Completed	15. Decedant's Ed (Specify only highest gra		16a	Decedant's Usuei (Give kind of work	dona d	ation furing most of working)	16	b. Kind of Bu	isinass/Indust	ry
212	filed within Hygiene. ther than "	ошо	Elementary/Secondary (0-12)	Collega (1-4or 5	+)	ECTRONICS				ANUFA	CTURIN	G
pu	be filed tel Hygid d other event, p	Be C	17. Fathar's Nama (First, Middla, Last)					18. Mother's Name (F	First, Middla, Ma	iden Sumam	Θ)	
N S	Men	10	JOHN RITCHIE PRYC 19a. Informant's Name/Reletionship (401	. Administration of the second of	Ctrons		LEEN LAI		0.4.7.0.	431
	and 2 sho alth and 27 is me		SHAWN L. PRYOR/WI					DRIVE, SA				
Baltimore,	- 4 m 4		20a. Mathod of Disposition 1 Burial 2 Cremetion 3			f Disposition (Nama ry, cremetory or oth					City or Town,	
ti m	permit. Pages Department of I Important: If its any injury or of		4 Donation 5 Other (Specif					GARDENS 1	2/23 I	HEBRON	, MARY	LAND
Bal	permit. Pa Departmer Important: any injury		21. Signature of Funerel Sarvice Life	1 9/1	//	ZELLER	Addras FUN	ERAL HOME,	P. O. I	BOX 31	71,	
		1	200 Park Frier the disages or med	Signations that the constant	the death Do			CEAN CITY				
ğ.	Physician	L	Pan Enter the disaasa, or come shock or haart failura. List only	one cause of each lin	10.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Of dynn	< D +	aspiratory arrasi	,	Int	pproximata arval Batween nset and Death
1	/Medicai		Immediata Causa (Finel disaasa or condition	1	my	Sthu	. 1	whird	0		10	SC
	Examiner	L	resulting in death)	8.	Due to (or es a	consequance of):		1				C
_	nted Insit	Examiner	•	b. + U	outo	Dixl	ey	2			Y	2015
oʻ	an and rial-tra		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Dua to (of as a	consequence of)?					1	
68760,	ficate be executed physician and is the burial-fransit	edical	Cause (Disaesa or Injury thet initiated evants rasuiting in daath) Lest	C	Due to (or as a	consequence of):						
_	E 0 6			d								
Box	0 0 0	Physician/M	Pert ii. Other significant conditions or	ontributing to death be	ıt not rasulting i	n the underlying cau	usa give	an in Part I.	23b. Did toba	ecco use cor	ntribute to the	e cause of death?
<u>Р</u> О	thet the led by th deteche	Phy	S/0 V	(D. m.)	mun (1,10			1 🗆 Yee	2 No	3 Probab	ly 4 Unknown
ds,		þ	2 / 6	0000	110	w			04. 10		24b Wasa	autopsy findings
00	w requires theil been signed i should be det	iete							24a. Was an a performe	d?	availal	ble prior to letion of cause
Re	2 8 8	Completed							1 ☐ Yas	SO No		es 2 No
ita		Be C	25. Was casa refarred to medical axaminar?					26. Place of Death (26.10		70 20110
ot 0	Physician: r this certific real director,	2	1 Yas No	Hospitel:				4 LI Nursing Homa				
on	h. After funen	tion:	27. Menner of Death 1. □ Raturai 5 □ Panding 2 □ Accident investigation	28a. Data of Injui (Month, Da)		Tima of 280 njury M	C. Injun Work	rat c? Yas 2 No	d. Dascribe how	injury occurr	ed	
Division of Vital Record	t or Attending offer death. Director: After d in by the fune	Certification:	2 Accident investigation 3 Sulcide 6 Could not be datarmined		iry - At home, fe . (Specify)	orm, street, factory,			Location (Stree City or Town, S	et and Numb Stata)	er or Rural Ro	oute Number,
	To the Hospital or Attending Phy within 24 hours ofter death. To the Funeral Director: After thi completely filled in by the funeral	edicai C	29a. Cartifiar Sertifying Ph (Check only one)	yalcian: To the best of liner: On the basis of and mennar sta	axamination en	dor investigetion, in	tha tim	ea, data and piace, and pinion, daath occurred	d dua to tha cause et the tima, dete	sa(s) end ma e and piece, a	nnar as state and dua to the	d. a causa(s)
	To the To the comp	M	29b. Signatura and title of certifiar	Tan u	/ -	29c. (License	number 125	29d	Data signed	(Month, Day	', Year)
			30. Nama and addrass of person who	completed causa of di	aath (Itam 23a)	(Type, Print)	0	r sal	3bul-	MO	218	201
	Sta		31. Data filed (Month, Day, Year)		r's Signatura	0		-(0	1		J
Di	Registr		DEC 2 3 1	996 Juli	Studen	Nardall						

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Cartificate of Death

							Cer	titicate	or .	Death			Reg. N	٥,			
			1. Decedent's Nama (First, Midd	dla, Last)								2. Dete of D Month			Wasa	3. Tin	ne of Deeth
н	Physic		Deosia Pool	e								Decemb	per 2	24,]	Yeer 996	165	3
	/Medi Exami		4a. Facility Neme (If not institution	on, give street and n	um <i>ber</i>)					4b. City, To	wn, or Lo	ocation of Dea		. County			
A	LAGIIII	ici	Bayside Nurs	ing Cente	r				١,	Lexin	aton	Dark			Mary	1.0	
-			5. Sociei Security Number	6. Sax		e (In yrs. last b	irthday)	If Under 1 Y			_		inth				late or Femilia
	Funeral		181-42-4920	1□M 2⊠F		91	Yrs.		ays	Hours	Min.	8. Dete of B	ay, Year	1 000	Coun	try)	ate or Foreign
	Director		Usuel Rasidanca of Decedant			71						April	30,	1901	Nort	h Ca	rolina
	and **		10a. Stata 10b. Count	У		10c. City, To	wn or Loc	ation							10	Od. Insid	da City Limits
	larylar ahow	5				Lexin	aton	Dark									Yes 2□No
	28a	Director	Maryland St.	Mary's		nexti	gcon		at i				10: 0	41			X
	5 6	급	21412 Great Mi	lle Pond				10f. Zlp Co 206							Vhat Coun	-	
	72 hours after death with the Maryland natural, or items 23a or 28a-f show deal Examiner must be notified at	Funeral	21412 Gleat HI												Stat		
	ep	Ine	11. Meritel Status	Armad F	Forcas?	Evar In U,S.	13. V	as Dacedant Yes, specify	of H Cuba	lispanic Ori an, Maxicar	gin? (Sp. , Puarto	ecify Yas or N Rican, atc.)	0-		e - America k, Whita, a		in,
20	or in	F	1 Never Merried 2 Ma	if Yas, C	ava	No		□Yes 2Å		Specify:				Specify			
8	ours	d by	3 Ø Widowed 4 □ Divorce	d Year or	Dates:									Opeony	. Wh	ite	
21215-0020	72 h natu	Completed	15. Deceda	nt's Education as <i>t grade</i> com <i>pleted</i>	4)	16	e. Deced	ant's Usuei O and of work d O NOT use r	ccup	ation	t of work	ina	18b. i	Kind of Bu	sinass/Ind	lustry	
21	di . c	npi	Elemantary/Secondary (0-12)			5+)	lifa. D		atired	1)							
2	filed within Hygiene. ther than "	00	N/A					N/A						N/	A		
Pu	tal Hy d oth	Be (17. Fathar's Nama (First, Middla	i, Last)						18. Motha	r's Nam	a (First, Middle	a, Malda	n Sumam	a)		
la	Aent Aent rked tice	To	Unknown							Unk	nowr	1					
Maryland	2 should be and Mental is marked o		19a. Informant's Name/Ralation	ship (Type, Print)								al Routa Num					
	and 2 ealth a n 27 le		Wayne Butler	Gran	dsoi	n 2	100	Brooks	D	rive,	For	restvi	lle,	Mar	yland	20	747
ē,			20a. Mathod of Disposition			20b. Place	of Dispos	ition (Nama	of			Deta	20c. L	ocation -	City or To	wn, Sta	te
20	age age		1 ☐ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (n State		-	atory or otha n Cremat	-		2 /2	7/96	Alex	andria	a, Vir	oini:	a
Baltimore,	permit. Pages 1 and Department of Health Important: if item 27 eny injury or other ti once.		21. Stormurp of Funeral Segret		-	7								W1102 21	, , , ,	6-111-	-
Ba	Depariment Introducer		CHILLY IV	BULLA			Br	Name end A	dF	uneral	^y Home	, P.A.					
			Edward N. Bri	nsfield, Jr	. MC	00052	P.	0. Box 2	279	, Leon	ardto	wn, Mary	land	20650)		
г			23a. Part1. Entar tha disaasa, c shock, or haart failura. Lis	or complications that it only ona causa on	aech li	the daeth. Do	not anta	r tha moda of	f dyin	ng, such as	cardlac	or raspiratory	arrest,			Approx	dmata il Batween
	Physician				2										į.	Onset	end Deeth
а	/Medical		Immediata Causa (Finel disease or condition	P	رميا	um	m	ra							W.)ac	2
н	Examiner		rasulting In daath)	a. /		Dua to (or as	a consequ	uence of):								1	
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	certificate be assecuted ding physician and ise as the buriel-transit	Examiner	Sequentially list conditions.	В.		Dua to (or as a	consequ	ianca of):									
Ó	an a		Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaase or Injury	,											į		
68760,	ysici	Medical	that initiated evants rasulting in death) Last	c		Dua to (or as e	consequ	ence of):									
89	E 0 6	Jed	rasulting in obality cast												į		
XO	E 3			d													
m	requires that the death seen signed by the atter hould be detached for t	Physician	Part II. Other significant conditi	lons contributing to	death b	ut not rasulting	in tha un	darlving caus	a giv	an in Part I		23b. Dio	tobacc	D USS CO	ntributs to	the ca	use of death?
Ö	by th	h		3				, , ,					Yes	_	3 □ Prob		4 Unknown
S, D	res that the de igned by the a be detached (Бу Р	Devera	Jen	100	nha										,	
ď	uires											24a. Wa		opsy			psy findings
8	been si	ete										peri	ormed?		COF		orior to n of cause
Se	has has	Completed													ord	death?	
of Vital Record	lcian: The l certificate he rêctor, page											1 🗆	Yas a	No	1 🗆	Yes	2 No
Ë	Physician: this certific	Be	25. Was casa rafarred to medical axaminer?						011		of Deat	h (Check only	ona)				
1	Physicia this cert al direct	ို	1 Yas 2 No	Hospital: 1	Inpatia	int 2 ER/C	Outpatient		Oth	47	rsing Ho	ma 5□Ras	idanca	6 □Oth	er (Specify)	
	After t	Certification:	27. Mannar of Death DaNatural 5 □ Pandi	ing 28a. Date	a of Inju onth, Daj	ry (28b. (28	Tima of Injury	28c.	Injur Wor	y at k?		28d. Dascribe	how inju	iry occur	ed		
Division	Attending or death. octor: After by the fune	Cati	2 ☐ Accidant invast	tigation				М	10	Yas 2	No						
\equiv	f or Attend after death Director: /	Ě	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicida datarr	minad 208. Piec	oe of injuding, ato	ury - At homa, : c. (Specify)	farm, stre	et, fectory, of	fice			28f. Location City or To			er or Rurai	Routa	Number,
0	rs after all Dir	Ö				, , , ,					,						
	To the Hospital or within 24 hours after To the Funeral Dir. completely filled in	edicai	29a. Certiflar 12 Certifyi (Check only 2 Medical	ng Physician: To th I Examiner: On tha	a best of	of my knowledg	ga, daath	occurred at th	na tin	na, data an	d place,	and dua to the	causa(and ma	innar as st	atad.	una(a)
	the H hin 24 the F	b	one)	and ma	nnar sta	atad.	110001 1114	astigation, in	illy 0	pillion, usa	ui occuii	ed at the time	, Uata ai	iu piace,	sila dua to	tria cat	150(5)
	vithin 2 To the comple	Σ	29b. Signature and title of certific	0 6				29c. Li	cens	e number			29d. D	ete signe	d (Month, L	Day, Ye	ar)
			1 Del	(11		m		1	5	25	230	0	12	/2	7/5	56	
		- (2)	30. Nama and addrass of person	who completed car	usa of d	aath (Itam 23a) (Type, F	Print)					1			4	
			David C.	Alle		mD	, 11	5 12	ch	10-6	n (T. /	m	-	town	M	D20656
	Sta	te	31. Data filed (Month, Day, Year) 32	Ragistra	ar's Signatura	2 4		, ,,	17910	12	,,	- VIV	and se	, 0.0.(
	Registr		DEC 27	1996 Ju	a do	ar's Signatura	andall										

1. Decedent's Name (First, Middle, Last)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

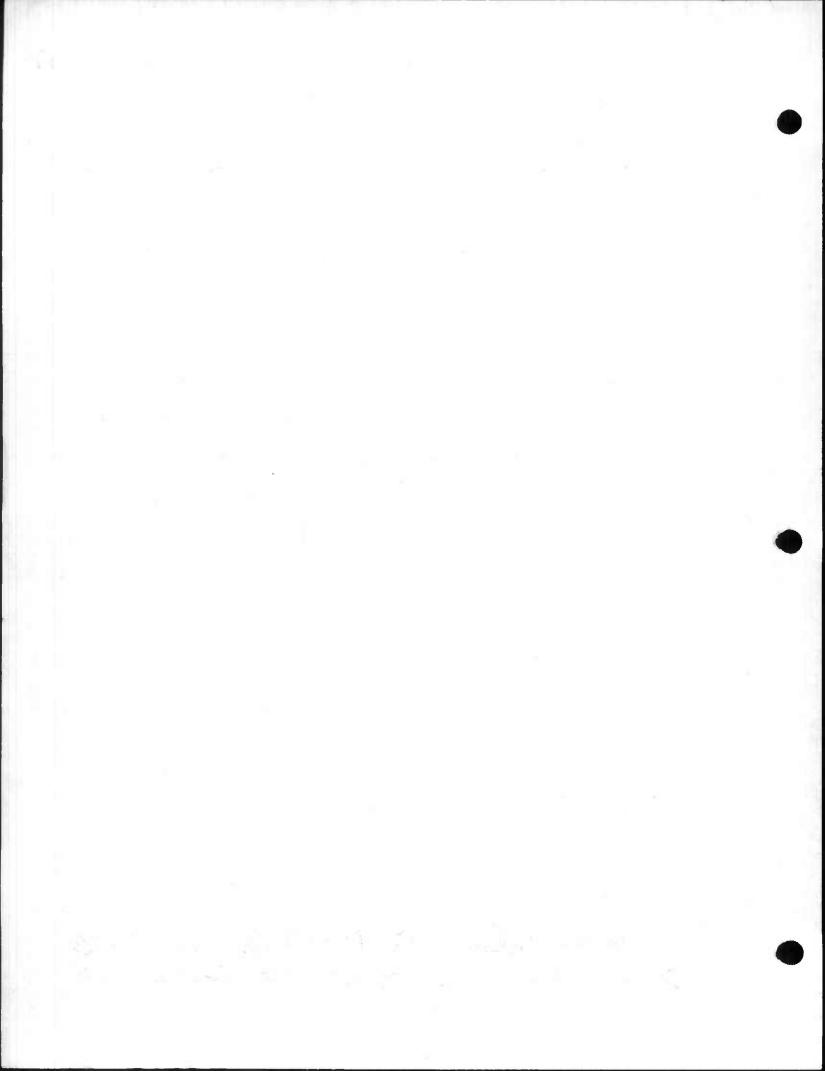
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3. Time of Deeth

2. Dete of Deeth

	/Medi		James Homan			PIPE	ZIN	DEC	20′ 1	996	9:36 PM
	Exami		4e. Fecility Neme (If not institution, gi	va street and number)			4b. City, Town, or Lo	cation of Deeth	4c. County	of Deeth	
			MEMORIAL HOS	PITAL @ EAST	ON		EASTON		TT A	LBOT	
Γ	Funeral Director		5. Social Security Number 6.	Sex 7. Age (In yrs. 11		der 1 Yeer ns Deys		8. Dete of Birth (Month, Day, Sept08,	Year) 1910	9. Birthple Country Mary	ece (Stata or Foreign Land
	p .		Usuei Residence of Decedent	140-0							
	the Merylen 28a-f ahow	Director	Maryland Carolin		ty, Town or Location reensboro					10	d. Inside City Limits 1 ☑ Yes 2 ☐ No
	# P P P	Dire	10e. Street end Number		10f.	Zip Code		10	og. Citizen of	Whel Counti	у?
	23a	ra	206 W. Sunset Ave	e., P.O. Box 2		216			U.S	.A.	
21215-0020	within 72 hours efter death with the Meryland jiene. "natural", or flams 23s or 28s-f show the Medical Examine must be notified at	by Funeral	11. Meritel Stetus 1 Never Married	12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:		cedent of I pecify Cub	Hispenic Origin? (Spe en, Mexican, Puerto Specify:	cify Yes or No- Ricen, etc.)		ck, White, el	lc.
2-0	72 hou	Completed	15. Decedent's E	ducetion	16e. Decedent's U	suel Occu	petion		16b. Kind of B	usiness/Indu	ustry
21	within 72 ene. than "nat	npie	(Specify only highest gri Elementary/Secondery (0-12)	College (1-4or 5+)	iife. DO NO	work done Tusa retire	during most of working)	ng			
	filled wi Hygien other th	ပ္ပ	11		foreman				Pet M	ilk C	ompany
Maryland	od la b	To Be	17. Fether's Neme (First, Middla, Last Guy H. Pippin)			18. Mother's Neme	(First, Middla, Moore Pip		na)	
lan	d 2 should thend Men 7 Is marke traumatic	-	19e. Informent's Neme/Reletionship	Type, Print)	19b. Meiling Addr	ess (Straai	t and Number or Rura	Route Number,	City or Town,	State, Zip (2ode)
	근품이노		Pauline W. Pippir	1	P.O. Bo	x 214	Greensb	oro, Mar	yland	2163	9
ore	10 to 1		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐	20b. I	Plece of Disposition (sematary, cramatory)	vam a of or other pla	ice)	Dete 2	20c. Location -	City or Tow	n, Siele
Ë	Pa Pa		4 □ Donetlon 5 □ Other (Special		eensboro (Cemet	ery 1	2/23	Greensl	oro,	Maryland
Baltimore,	permit. Pag Department Important: If any Injury o		21. Signeture of Funerel Service Lice	Flerel	Fleeg	le-He	elfenbein 60 Green	Funeral	Home	d 21	639
т			23e. Pert1. Enter the diseese, or comshock, or heert feilure. List only	plications that caused the deal							Approximete
5	Physician /Medical		Immediate Cause (Final		A 1		1				Intervel Between Onset end Deeth
1	Examiner		diseese or condition resulting in deeth)	Coronar	TILLE	1	1 0150	asc			years
		<u>-</u>		Due to	or es e consequence	of):				/	
	be executed sician and buriel-transit	Examiner	Consensation Managed division	b/	or es e consequence	, A).				<u> </u>	
ó	exec an an nel-tr	Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Due to (t	or es e consequence	η,.				ļ	
68760,	cale be	Cal	Ceuse (Diseese or Injury thet initieted events	cDue to (c	or es e consequence d	f):					
89 x	the death certificate be executed y the attending physician and ched for use es the bunel-transit	nysician/Medical	resulting in deeth) Last	d		.,,					
Box	atten 3 for u	clar	Det II. Other sleniffeent our distance		No. 1. A						
P.O.		ᅕ	Pert II. Other significant conditions of	oniribuling to death but not res	uiting in the underlyin	g ceuse gr	ven in Pert I.	1 🗆 Ye	_	3 Probe	the cause of death'
Records,	been should	Completed by						24e. Wes en	autopsy ned?	com	e autopsy findings leble prior to pletion of ceuse
Re	The law ate has b page 2 sl	ᇤ						404	- H		eath?
Vital			25. Wes cese referred to medical				OS Diana of Danie	1 Ye	/'	10	Yes 2DANo
		o Be	exeminer?	Hospitel: 1 ☐ Inpatient 2 ☐	ER/Oulpetienl 3	DOA Ott	26. Piece of Deeth			on (Constitution	
of		L.	27. Manner of Deeth	28e. Dete of Injury (Month, Day Year)	28b. Time of	28c. Inju	4 ☐ Nursing Hor	28d. Describe hor			
ion	Attending r deeth. ector: After by the fune	atio	1 Accident 5 Pending investigatio		Injury M	Wo 1□	rk? Yes 2□No				
Division	I or Attendi efter deeth. Director: A d in by the fu	Certification:	3 Suicide 6 Could not be determined		ome, ferm, street, facty)	ory, office	2	28f. Location (Str. City or Town,	reet and Numb State)	er or Rural	Route Number,
	d hours uneral	edical C	29e. Certifier (Check only one) (Check only one)	ysician: To the best of my kno niner: On the besis of exemine end menner steted.	wledge, deeth occurr tion end/or investiget	ed et the ti	me, dete end plece, a opinion, deeth occurre	nd due to the ce ed et the time, de	use(s) end me ite end plece,	enner es ste end due to t	ted. he ceuse(s)
	within 2 To the complet	M	29b. Signeture end title of certifier	One member steted.	. >	29c. Licens	se number	29	d. Dete signe	d (Month, D	ay, Year)
	L. > L. O	- 1	1.1	10. 1	4 4/ 5	7		/			/ /

State Registrar



DHMH-16 Rev 1/89

FOR

BALTIMORE, MARYLAND 21215-0020 Vurs after death. Page 6 may be retained by the hospital or attending physician.	ound be detached to use as the bunal-transit permit. Pages 1, 2, 3 led at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-14 hours after death. Page 6 may be retained by the hospital or attending physician.	To the control of the mis control of the mission of the control of	

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF				MENTA	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) Rosa Lee Joyne:						DG.	E OF DEATH	199	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 222-20-1076	1 🗆 M 2 😾 F	GE (In yrs. last birthday) 65 YRS.	MONTHS 1		UNDER 24 HRS. URS MIN.	(Mon	of BIRTH (h, Day, Year) 1 26,19		Country	PLACE (State or Foreign NC
OB	90. FACILITY NAME (If not institution, give s Deer's Head Cen				TOWN OR LO	CATION OF D			9c. COUNT		
5	RESIDENCE OF DECEDENT 104. STATE 10b. COUNT	v	T 40. 00	Y, TOWN OR							
DIRECTOR	MD Word	cester	106. CI		lin						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP	CODE			10g. CITIZE	N OF W	HAT COUNTRY?
į	Doe Drive					1811				U.	S.
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YES, GIVE WAR O	ES 2 140	Hf :	yes, specify	ENT OF HISPAI Cuben, Mexice NO Specif	n, Puerto	N? (Specify Yes Ricen, atc.)	or No—	4. RACE Black, Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done du	CUPATION uring most of t	working	161	b. KIND OF BUS	INESS/INDU	STRY	Didex
٦ ا	Elementary/Secondary (0-12) 6th	College (1-4 or 5+)		laid					Hote	2]	
5	17. FATHER'S NAME (First, Middle, Last)				18.	MOTHER'S NA	ME (First	Middle, Meiden S			
	Nathaniel Joyner				100	ary J.					
O BE	190. INFORMANT'S NAME (Type/Print) Harley "Ronald" F)	19b. MAILING	ADDRESS ((Street end Nu	umber or Rural	Route Num	ber, City or Town	, Stete, Zip C	lode)	
_							, MD	21811			
	20e. METHOD OF DISPOSITION 1 Table 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND DATE cemetery, cremetory or comments	ther place!			DA1		CATION — CI		
1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Pentecost	22. N/	ewis !	N. Wat	SON	Funera alisbu	l Home	9	
٦	23. PART Enter the diseases, or	complications that ceu	sed the deeth. Do	not enter th	he mode o	dylng, auc	h sa car	diec or reapir	atory arras	12.	Approximate
	ahock, or heart fellure. IMMEDIATE CAUSE (Finel	List only one ceuse o	n eech ilne.			,,			,	,	Interval Between
ı		Probable	Seosis								17 days
ı	resulting in death)	DUE TO (OR A	S A CONSEQUENCE O	F):							1
:		Right Foo	t Gangren	9							
3	If any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE O	F):				- 1			
3	The state of the s	. Infected	Decubitus	Ulcer	rs In	Base (Of S	pine, b	Right		9 month.
CENTIFICATION	that initiated events resulting in death) LAST	Ischeal A		F):							
		d									1
EDICAL	PART II. Other significant condition Diabetes Melli	tus, Type I	h but not reculting	In the unde	lerlying ceu	use given in	Part I.	24e. WAS AN A PERFORE	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
3	DID TOBACCO USE CONT	PIRLITE TO CAUSE	OF DEATH VI	S D N	O M	INICEDTAII					YES 2 NO
É	25. WAS CASE REFERRED TO MEDICAL	KIDOTE TO CAUSE	26. PLACE OF DEA			INCERIAII	<u>ч</u> Ц				
3	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:		☐ Raeldence	4 [] Oth	or (Propile)			
ratsician: medi	27. MANNER OF DEATH	28e. DATE OF INJUI	RY 26b, TIN	E OF 2	Bc. INJURY		_	SCRIBE HOW IN	JURY OCCU	RED	
	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Yes			WORK?	2 NO					
3 Suicide 8 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 287. LOCATION (Street and Number or Rural Route Number, City or Town, State)									ute Number,		
		ICIAN: To the best of my ke									end menner se stated.
	296. SIGNATURE AND TITLE OF CERTIFIE				29c.	LICENSE NU	ABER				Month, Day, Year)
d l	In &	Kong			$ \mathcal{I} $	1600	3		D 1:	2-/8	196
2	30. NAME AND ADDRESS OF PERSON WH DY I J Flych C. 31. DATE FILED (Month, Day, Year)		Box 2018					102			
	DEC 1 8 1996	The Structure									

	Please 1	Type or Prin State of Ma						•	-	400	40649
				Certific	ate of	Death		Re	eg. No.		
	1. Decedent's Name (First, Middle, Last))						2. Date of Deet Month		Vaar	3. Time of Death
an al	MARJORIE 4a. Facility Name (If not institution, give	J.		PEF	RSING			Decembe:	Day r 16, 1	Year 1996	2:12 PM
er	War and the second of the seco	Secretary Market	7] 20200			*					
-	Salisbury Center: 5. Social Security Number 6. Sec		(In yrs. last bir		dar 1 Yaar	Salis		8. Date of Birth	Wicor		ace (State or Foreign
]м 2√Д F		Yrs. Monti	hs Days	Hours	Min.	(Month, Day, JAN. 6,	Year)	INDI	try)
l.	10a. State 10b. County		10c. City, Town	n or Location						10	Od. Inside City Limits
by Funeral Director	MD. WICOMICO		SALIS	BURY							Yes 2□No
)ire	10e. Street and Number			10f.	Zip Code			10	0g. Citizen of 1	What Coun	try?
a C	828 BROWN STREET				21	304			11.9	S.A.	
ner		12. Was Decedant E	var in U,S.	13. Was De	cedent of I	tispanic Orig	gin? (Spec	city Yes or No-	14. Rad	e - America	
Ē	1 ☐ Never Merried 2 ☐ Married	1 ☐ Yes 2 N	0	and the second		an, Mexican	, Puerto F	tican, etc.)		ck, White, o	
by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1 ∐ Yes	2 2 No	Specify:			Specify	WHI'	IE
Completed	15. Decedent's Edu (Specify only highest grade	cation e completed)	16a.	Decedent's U (Give kind of life. DO NO	sual Occup work done	pation during most	of workin	ng	16b. Kind of B	usiness/Ind	ustry
dm	Elementary/Secondary (0-12)	College (1-4or 5-	+)	life. DO NO	T use retire	d)					
ပ္ပ	12			HOUSE	WIFE		III 1250 (100		OWN_I		
Be	17. Fethar's Nama (First, Middle, Last)					18. Mothe		(First, Middle, M		10)	
9	OTIS EUBA	NKS					MAU	DE McCU	RRY		
	19a. tnformant's Name/Relationship (Ty	pe, Print)	19b	. Mailing Addr	ess (Street	and Numbe	or or Rural	l Route Number,	City or Town,	State, Zip	Code)
	DAVID F. PERSING	ER	8	28 BROV	WN ST	.,SALI	SBUR	Y,MD. 2	1804		
	20a. Method of Disposition			Disposition (in y, crematory of		ce)		Dete 2	20c. Location -	City or To	wn, State
	X☐ Burial 2☐ Cremation 3☐R 4☐ Donation _5☐ Other (Specify)	emoval from State	SPRING	HILL MI	EMORY	GARDE	ens 1	2/20	HEBRON	MD.	
	21. Signature of Funeral Service License	86	0	22. Name	and Addre	ss of Facility	y				
	1 Sund (1	1/25	X.	POLINI	DC EIT	ATED AT	HOME	CATTOD	TIDAZ MAI	DAZT ABTI	0.100/
_	23a. Part1. Enter the disease, or compil	Ications that caused	the death. Do r					, SALISB		KYLAN	Approximete
	shock, or heart failure. List only or	ne cause on each line	θ.			· g; 00011 00	00101000	. roop.atory arre	331,		Interval Between Onset and Death
	Immediate Cause (Finai		200	010	A. A	- 6	1	116		-	Confesa
	disaasa or condition resulting in death)	, 0	Mysic	CM7,	1920	27		1110			
6			Due to (or as a o	consequence	of:	40	200	2.2			
Examine	_ b	. de	who_	HIP	oro	0000	yeu.	267		i	
xar	Sequantially list conditions, if any, leading to immediate		Due to (or as a	consequence	ot):						
	cause. Enter Underlying Cause (Disease or Injury			_						i	
dic	that initieted events resulting in deeth) Last	D	oua to (or as a c	consequence	of):					į	
Me		1								į	
lan										i	
sic	Part II. Other significant conditions con	tributing to death but	not resulting in	the underlyin	g cause gi	ven in Part I.		23b. Did to	bacco use co	ntribute to	the cause of death?
Completed by Physician/Medical	O shelter	(K	and	MSC	- 0	Sente	se	1 🗆 Ye	s 2□ No	3 Prob	ably 4 Unknown
þ	0,1,0	V	0			8				T	
ted	CUE		i per	>1P	Amo	13520	N	24e. Was ar perform	n autopsy ned?	ava	re autopsy findings illable prior to
pie		- /-				cen				of c	npletion of cause leath?
DO.	Llx MI	7'5				0		1□ Ye	s 2 No	1 [Yas 20 No
Be C	25. Was case referred to medical				-	26. Place	of Death	(Check only one	9)		
0	examiner? 1 Ves 2 No	fospital: 1 ☐ inpatien	it 2□ER/Ou	tpatient 3	DOA Ott	.00		na 5□ Reside		er (Specify	*)
Ë	27. Manner of Death	28a. Date of Injury	28b. T	Time of	28c. Inju	v at		8d. Describe ho			,
atio	1 Netural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day	rear) II	njury M	Wo 1□	Yes 2 ☐ !	Vo				
ffc	3 ☐ Suicide 6 ☐ Could not be	28e. Place of Injur	ry - At home, fa	rm, street, fac	tory, office		2	8f. Location (Str		er or Rura	Route Number,
ert	4 Homicide	building, efc.	(Specify)					City or Town			
edical Certification:	29a. Certifier 12 Certifying Phys	ictan: To the best of	my knowledge	, death occurr	ed at the ti	me, date and	d place. e	nd due to the ca	use(s) and me	nner as st	ated.
양	(Check only 2 Medical Examtrone)	ner: On the basis of a	examination end	d/or investigat	ion, in my	pinlon, deet	h occurre	d et the time, da	ate and place,	and due to	the cause(s)
Z e	29b. Signature and title of certifier	_		T	29c Licans	a number		20	ad Data signe	d (Month I	Day Vand

Physician /Medical **Examiner** To the Hospital or Attending Physician: The lew requires that the deeth certificate be executed been signed by the attending physician end should be deteched for use as the burial-transit DivIsion of Vital Records, P.O. Box 68760, certificate within 24 hours after death.

To the Funeral Director: After this certificy completely filled in by the funeral director,

Physician /Medica Examine

Funeral Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mentel Hyglene. Important: If Item 27 is marked other than "natural", or Hems 23a or 28a-f show any injury or other traumatic event, the Medical Example Published an ORGE.

Baltimore, Maryland 21215-0020

29b. Signature and title of certifier

To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29c. Licansa number 29d. Data signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Michael R. Atkins, M.D., 1104 Healthway Dr., Salisbury, MD 21804

D-39813

State Registrar

5

31. Date filed (Month, Day, Year)
DEC 1 8 1996 32. Registrar's Signature

Dhowlean Randall

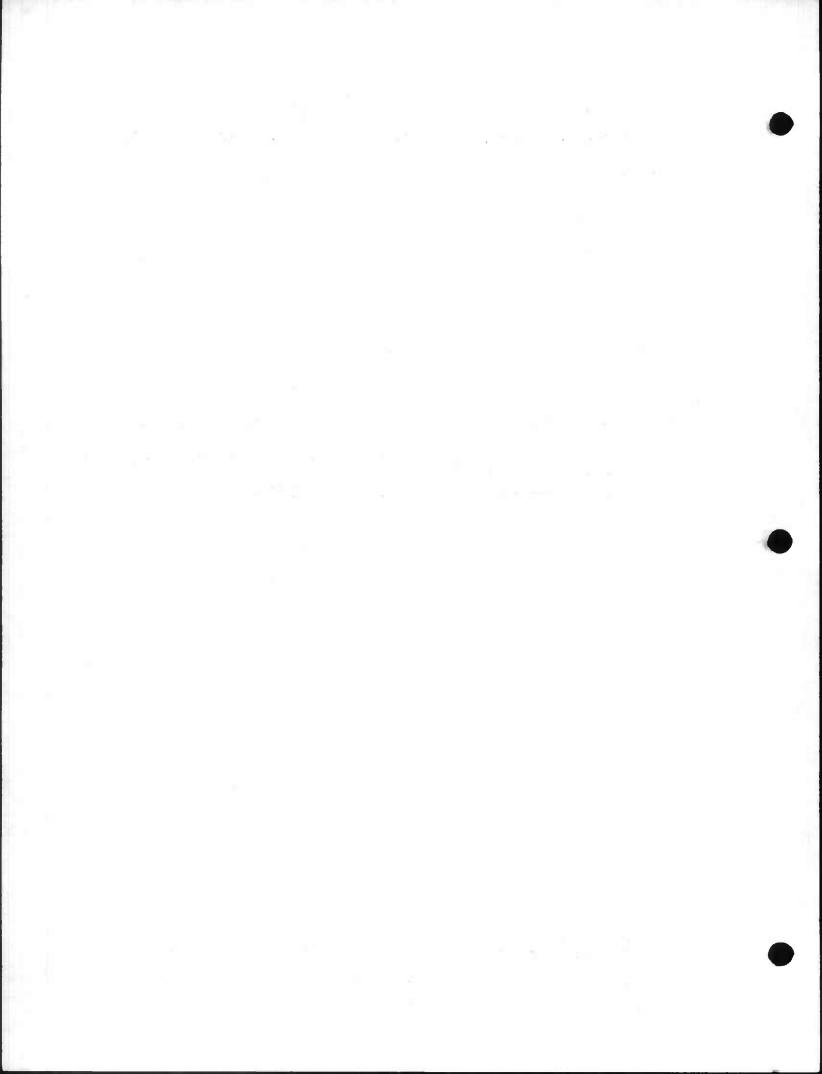
State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death **Physician** 11:25 Pennewell December 4b. City, Town, or Location of Dooth Annie December 15 1996 /Medical 4e. Fecility Neme (If not Institution, give street and number) 4c. County of Deeth Examiner SALISBURY WICOMICO PENINSULA REGIONAL MEDICAL CENTER If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) April 26,1925 Birthplece (State or Foreign Country) **Funeral** 1□M 2XF Months Deys Hours Yrs 267-38-0414 Director Florida Usuel Residence of Decedent the Merylend 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Director 1 ☐ Yes 2 No Worcester Berlin 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 72 hours after deeth with 9133 Seahawk Rd. 21811 Funeral U.S. 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Mentel Stetus 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Black à Specify: 31☑ Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within 7. Department of Heelth and Mental Hyglene. Important: If item 27 is marked other than "na any injury or other traumatic event, fire Medis. once. Elementery/Secondery (0-12) College (1-4or 5+) 5th Laundress Hotel 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be William M. Barnes Mary Wilson 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lisa Purnell/granddaughter 7380 Gumboro Rd., Apt. #2, Pittsville, MD 20b. Place of Disposition (Name of cametery, crametory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specity) New Bethel Cemeterv 12/21/96 Berlin, MD 21. Signature of Funeral Service Libensee 22. Neme end Address of Fecility Lewis N. Watson Funeral Home 23e. Pert 1. Enter the disease, or complications that eached the deeth. Do not enter the mode of dyling, such as cerdiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediete Cause (Finel diseese or condition resulting in deeth) Examiner buriel-transit Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Last Due to (or es e consequence of): P.O. Box 68760. ettending physician The lew requires that the death certificate be Physician/Medical the Due to (or es e consequenca of) Pert II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? á 1 Yee 2 No 3 Probably 4 Unknown Records, Completed by 8 24a. Wes an autopsy performed? 24b. Were autopsy findings avelleble prior to completion of cause of death? certificate 1 Yes 2 No 1 Yes 30 No Division of Vital Hospital or Attending Physicien: 24 hours efter death. Be 25. Wes cese referred to medicel exeminer? 26. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No this 27. Menner of Deeth 28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Certification: After 1 Neturel
2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No Director: 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide To the Hospital or A within 24 hours efter To the Funeral Direcompletely filled in b 1) Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D47619 lecalte. 30. Negretand eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) JUALTERS NO 262 Tilghoran Rd Salisbury 10 2004

State Registrar 31. Dete filed (Month, Day, Year) DEC 1 8 1996

Sul 32 (Segistrary Suparula L



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath Month Day Yaar CHARLES FRANKLIN PRATT December 23, 1996

Physician Funeral

8:43 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** MONTGOMERY GENERAL HOSPITAL OLNEY MONTGOMERY Months Days Hours Min. B. Date of Birth Month Days Year 906 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 90 Yrs. Birthplaca (Stata or Foreign Country) 578-07-8763 1**X** M 2□ F Yrs. Director Icuisiana Usual Rasidance of Dacedant the Maryland 10a, Stata 10b. County r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10c. City, Town or Location 10d. Insida City Limits Maryland Silver Spring 1 Yas 2 □ No Funeral Director Mantgarery 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? death with 15501 Prince Frederick Way 20906 U.S.A. 12. Was Decedant Evar In U,S. Armed Forcas? 1 (2X) as 2 □ No If Yas, Giva WW II Yaar or Datas: Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours after neart of Health and Mertal Hygiena. Internal Industrial your file mit if Item 27 is marked other than "natural", or ite iry or other traumatic event, its Montal Latarine 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: Be Completed by Specify: Caucasian 3 Widowed 4 Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/industry American Automobile Collaga (1-4or 5+) Elamantary/Secondary (0-12) Marketing Prontional Activities Association 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Charles Franklin Pratt, Sr. Idah Ambuhl 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Elizabeth M. Wallace-Pratt-Wife 15501 Prince Frederick Way, Silver Soring, MD 20906 20b. Placa of Disposition (Nama of commatary, cramatory or other place) Geography December Washington Univ. Medical Center 25, 1996 20a. Mathod of Disposition 20c. Location - City or Town, Stata ☐ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata permit. Page Department of Important: If any Injury or Washington, DC 4X Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility
Columbia Mortuary Services, Inc. of flunaral Service Licenses 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 225 Missouri Avenue, NW, Washington, DC 20011 Approximata Interval Batween Onsat and Death **Physician** Immadiata Causa (Final disaasa or condition rasulting in daath) /Medical a Cardiac Aurhythmia
Dua to (or as a consequence of): Examiner Examiner a Resolving Hepatic failure

ghe to (or de a consequence of):

a Resolving Renal failure

Due to (or as a consequence of):

d. Congestive Heart failure I or Attending Physician: The law requires that the death certificate be associated effect death.

Director: After this certificate has been signed by the attending physician and in by the Investi director, page 2 should be delecthed for use as the burial-transit dir by the Investi director, page 2 should be delecthed for use as the burial-transit Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or Injury that Initiated avants rasulting in daath) Last Division of Vital Records, P.O. Box 68760, Physician/Medicai Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uss contribute to the cause of death? iabeter Wellitus Type II 1 ☐ Yss 2 ☐ No 3 ☐ Probabty 4 ☐ Unknown þ 24b. Wara autopsy findings available prior to complation of causa of death? Completed 24a. Was an autopsy 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to madical axaminar? Be 26. Placa of Death (Chack only ona) Hospital: 1 ☐ Inpetiant 2 ☐ P/Outpatlent 3 ☐ DOA 1 Yas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Mannar of Death 28a. Data of tnjury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding Invastigation 1 Natural 2 Accidant 1 Yas 2 No 6 Could not be datarmined 3 Suicida Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital or within 24 hours aft To the Funeral DI completely filled in Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifiar 29b. Signatura and titla of certifier 29d. Data signed (Month, Day, Year) 96 Devnett Morrison MD 30. Nama and address of parson who complated causa of death (Itam 23a) (Type, Print) 2901 Olyey - Sandy Spring Rel 32 Registrar's Signature Julia Shuden-Randally

Olney

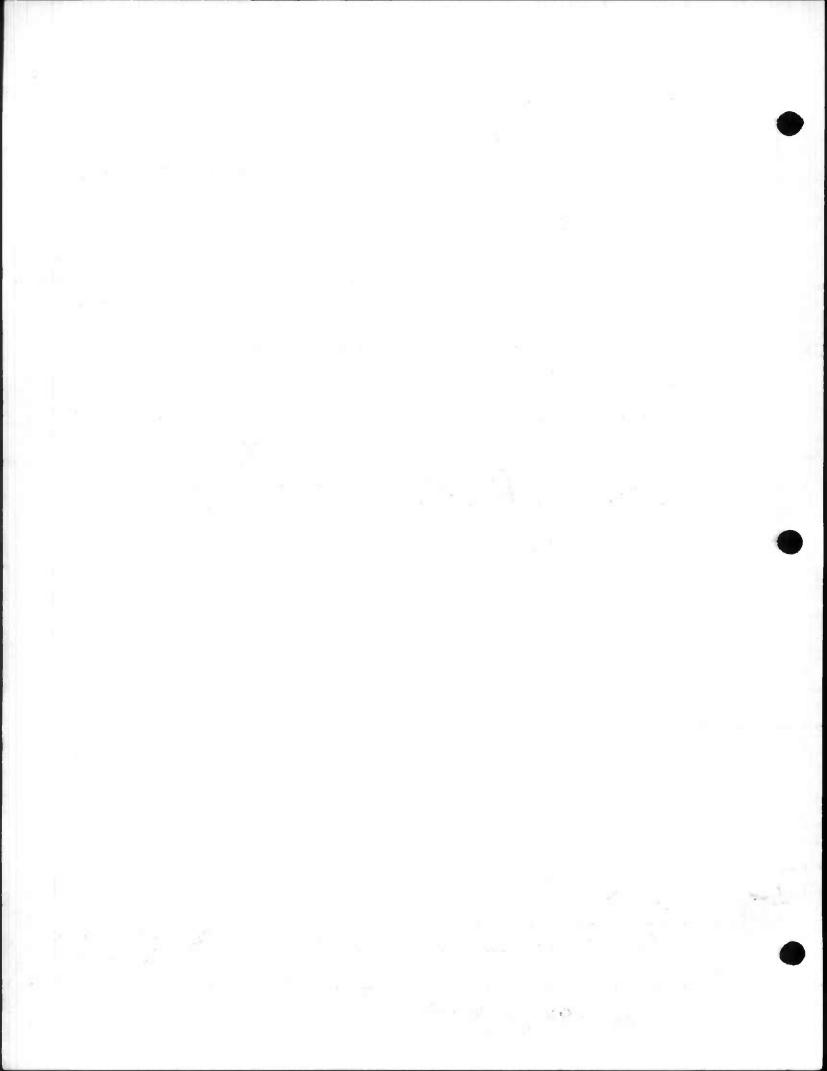
Maryland

20832

State Registrar Bennett Morrison

31. Data filed (Month, Day, Year)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 40652 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dele of Deeth 3. Time of Deeth 23, **Physician** 1996 DEC. 5:45 a.m. OLIVER ROBINSON JAMES /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner CENTER CENTREVILLE
If Under 24 Hrs. 8. Dete of CORSICA HILLS NURSING **OUEEN ANNE** 5. Sociei Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Day, Year) Birthpieca (State or Foreign Country) **Funeral** Months Deys Min. 1**反**M 2□ F Hours Yrs. 216-18-2948 Usuel Residanca of Decedent 80 Director MD. SEPT. 7,16 with the Maryland 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or frems 23s or 28s-1 show traumatic event, the Medical Examinet insit be notified at 10d. Inside City Limits Director 15 Yes 2 □ No QUEEN MD. ANNE GRASONVILLE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Counfry? 21638 Funeral U.S.A. 110 SCHOOL HOUSE LANE death 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specity Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 72 hours after 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: BLACK 1 ☐ Yes 2 ☐ No þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within Department of Haalth and Mental Hygiene. Important: if Item 27 is marked other than "rany Injury or other traumatic event, the Med Elementary/Secondery (0-12) Coilege (1-4or 5+) 06 WATERMAN SELF EMPLOYED 17. Fether's Neme (First, Middle, Last) 18. Mother'e Neme (First, Middle, Meiden Sumeme) Be CHARLES ROBINSON DAISEY ROBINSON 2 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) SHARON CONYER/ DAUGHTER 506 BROWNSVILLE RD. CENTREVILLE, MD. 21617 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 15 Burlel 2 Cremetion 3 Removel from Stete 4 Donation 5 Other (Specify) WESLEY CHURCH CEM. 12/30 STEVENSVILLE, MD. 21. Signeture of Funerel Service Licansee 22. Neme end Address of Facility WILLIAMSON-FLUHARTY FUNERAL SERVICE, P.A. 319 E. DOVER ST. EASTON, MD. 21601 23e. Pert1. Enter the disease, or complications that caused to deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximete Intarval Between Onset and Deeth **Physician** Failure Acuteon Chronic /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner physician and the burial-transit Sequantially list conditions, if any, leeding to Immediele cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lasi erscleratic Heart ds P.O. Box 68760. Physician/Medical Due to (or as e consequence of attending signed by the atte Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 des 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes en autopsy performed? peed page 2 certificata 1 Yes 2 No 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitei: 1 ☑ Impalient 2 ☐ ER/OulpetienI 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 funaral 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Naturel 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, streef, fectory, office building, etc. (Specify) filled in by 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end pieca, end due to the causa(s) and menner as stated. Medicai 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) es of person who completed cause of death/(Itam 23e) (Type, Print) 30. Name end addre 2540 CENTREVILLE, RD. CENTREVILLE, MD. 21617 31. Date filed (Month, Dey, Year) 32. Registra 's Signature. State his Davidson-Randell DEC 27 1996 Registrar

State of Maryland / Department of Health and Mental Hygiene 96 40653

_						Ce	rtificate	of	Death		Reg. No.	20	40000
	Physic		1. Decedent's Neme (First, Middle Angeline		oche	stev				2. Date of Month		Year 1996	3. Time of Death 350 ptg
	/Medi Exami		4a. Facility Name (If not institution						4b. City, Town,	or Location of De		nty of Death	
			Chestertown Re	ehabilita	tion Ce	enter			Cheste	ertown	Ke	nt	
	Funeral		5. Social Security Number	6. Sex	7. Age (In yr	s. last birthdey,			If Under 24 Hours	Hrs. 8. Dete of	Birth Dey, Year)	9. Birth	place (State or Foreign
	Director		216-14-9741 Usual Residence of Decadent	1□M 21X F	102	Yrs.	Widitiis	Days	Hours	Dec.15	5,1894	Rock	Hall MD
	and *		10a. State 10b. County		10c. 0	City, Town or L	ocation	-					10d. Inside City Limits
	rurs after death with the Manylan alt, or Items 23a or 28a-f show Examiner must be notified at	Funeral Director	MD Ken	t	Ro	ck Hall	L						1 ☐ Yes 2 🕱 No
	or 2	Pie	10e, Street and Number				10f. Zlp C	ode			10g. Citizen o	of What Cou	ntry?
	ath v	rai	Rt 1 Edesville					21	661		USA		
	er de Item	nu	11. Marital Status	Armed F			Was Decede If Yes, specif	nt of h	lispanic Origin' en, Mexican, P	? (Specify Yes or uerto Rican, etc.)		ece - Ameri lack, White,	
21215-0020		Completed by F	1 ☐ Never Married 2 ☐ Mar 3 ☑ Widowed 4 ☐ Divorced	If Yes G			1 □ Yes 2	₹ No	Specify:		Spec	oify:	Black
5-0	i within 72 hours liene. r than "natural",	etec	15. Deceder (Specify only highe	it's Education st grede completed))	(Give	dent's Usual	done	during most of	workina	16b. Kind of	Business/In	dustry
121	- A	jdm	Elementary/Secondery (0-12)		(1-4or 5+)	life.	DO NOT use	retire	d)	g			312
7			17. Father's Name (First, Middle,	(Domes	tic	40.16.11			id-wif	e
anc	of its o	Be								Name (First, Mide		ame)	
ž	should be nd Mental marked o	1º	Daniel Kent							y Louise			
Ma	d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2		19a. Informent's Name/Relations							r Rural Route Nur			
a)	m 2		Wilford Rochest 20e. Method of Disposition	ter	20h	Place of Dispo			wn Ra.	Chestert	20c. Locatio		
Baltimore, Maryland	Peges ment of ant: If it ury or o		1 ♣ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S		Ctate	ly Tri	metory or oth	er plei		12/28/96			MD 21620
Balt	permit. Peges 1 Department of H important: If its any injury or ot		21. Signature of Faceral Service	Licansee	-0				ss of Feculty 1th Fur Worton	neral Hon			
			23a. Part Inter the disease, or shock for heart feilure. List	complications that	caused the de							1	Approximate
Ŋ.	Physician		shock or heart feilure. List	only one cause on	each line.								Interval Between Onset and Death
	/Medical		Immediate Cause (Finel disease or condition	C	HF							i	48hours
	Examiner		resulting In death)	a		(or es a consec	nence of).					1	Tonogus
_	D #	ner		(avdia	c Iscl	10 m 10						
-6	certificate be assecuted ding physician and ise as the burial-transit	Examine	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying	D. —	Due to	(or as a consec	quenca of):					= 1	
68760,	ysiclar ysiclar	edicai	thet initiated events	c	Due to	or es a conseq	mence of).					i	
x 68	e as th	/Medi	resulting In death) Lest		200101	(OI 65 & COIIS60	dence or).						
Box	that the deeth coned by the attend	cian		0.									
0.	y the check	iysi	Part II. Other signiffcant condition	. "		1		se giv	en in Part I.	23b. D	ld tobacco use o	contribute to	the cause of death?
	law requiras that the as been signed by the 2 should be detach	by Physician	Anemia, Den	ientia,	Dehy	Ivatio	1			1	□Yes 2⊠No	3 □ Pro	bably 4 Unknow
ord	v requira been sig should b	Completed t								24a. W	es an autopsy rformed?	av	ere autopsy findings allable prior to
ec	has be	npie								_		of	mpletion of ceusa deeth?
<u> </u>	The ate h	Con								10	Yes 2 No	10	Yes 2□ No
/Ita	certificate rector, pag	Be	25. Wes case referred to medical examiner?						26. Plece of	Deeth (Check onl	y one)		
1	physic this o	2	1 ☐ Yes 22 No	Hospital: 1	Inpatient 2	☐ ER/Outpatier		Oth	ADE NUTSIN	g Home 5□Re	sidenca 6 🗆 O	ther (Specif	y)
noi		Certification:	27. Manner of Death 1 ☑ Netural 5 ☐ Pendin 2 ☐ Accident investig	M	of Injury th, Day Year)	28b. Time of Injury	28d	Injur Wor	yat k? Yes 2□No	28d. Describ	e how injury occ	urred	
Division of Vital Records,	To the Hospital or Attending I within 24 hours after deeth. To the Funeral Director: After completely filled in by the funer	rtific	3 Suicide 6 Could r 4 Homlcide determ	ined 286. Place	of Injury - At i	home, farm, str	eet, factory, o	office			(Street and Nur own, Stete)	nber or Rure	I Route Number,
	To the Hospital or A within 24 hours aftar To the Funeral Directompletely filled in by		29a. Certifler 1 Certifyln (Check only 2 Medical	g Phyalcian: To the	best of my kn	owledge, death	occurred at	the tin	ne, date end pla	aca, and due to th	ne cause(s) and r	nanner as s	taled.
	the H in 24 the Fr	edicai	one)	Examiner: On the band man	asis of examin ner steted.	ation end/or inv	restigation, in	my o	pinion, death o	ccurred at the tim	e, dete and place	e, and due to	the cause(s)
	To To To To To To To To To To To To To T	Σ	29b. Signature end title of certifier	10 0					number		29d. Date sign	ned (Month,	Day, Year)
			1 New Bood	dered	0		Do	05	0996		12/20	196	
			30. Name and address of person of No. 1 Staddown		se of death (Ite	m 23a) (Type, Thest	Print)	VI	MD	21620			
	Sta	te	31. Date filed (Month, Day, Year)					(1		-1600			
	Registr		DEC 2	7 1996	diline	truidson-	Pandelle.						

State of Maryland / Department of Health and Mental Hygiene 40654 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. The of Fleth **Physician** December 27, 1996 19:08 Alice Dunbar /Medical 4a. Facility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner St. Mary's Hospital Leonardtown St. Mary's If Undar 1 Yaar | if Undar 24 Hrs. Months | Days | Hours | Min. 7. Aga (In yrs. last birthdey) 8. Data of Birth (Month, Day, Year) January 20,1908 5. Social Sacurity Number Birthpiaca (Stata or Foreign Country) **Funeral** Days 1□ M 2□ F 218-14-3677 88 Vrs Director Maryland Usual Rasidence of Decedent with the Meryland 10a State 10b. County 10c. City, Town or Location show 10d. Insida City Limits ir than "natural", or items 23s or 28s-f short the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Maryland St. Mary's Scotland 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? General Delivery

12. Wes Decedant Evar In U.S.

Armed Forces? permit. Pages 1 and 2 should be filed within 72 hours efter death v Department of health and Mental Hygiere. Important: if them 27 is marked other than "natural", or thema 23s any injury or other traumatic event, the sec Funeral 20687 United States Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) Race - American Indian, Black, Whita, atc. 1 Yes 2 No tf Yes, Give Yaar or Datas: 1 ☐ Never Merried 2 ☐ Merried 1 Yas 2 No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) Clerk Retail 12 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Surname) Be 10 Eugenia Ann Smith James Harry Raley, Sr. 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Raiationship (Type, Print) P.O. Box 34, St. Mary's City, Maryland 20686 J. Frank Raley, Jr., Nephew 20b. Place of Disposition (Nama of cematary, crematory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, Steta 1 Burial 2 □ Cramation 3 □ Removel from Stata St. Michael's Cemetery 12-30-96 Ridge, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Addrass of Facility Brinsfield Funeral Home, P.A. N. Brinsfield, Jr., M00052 22955 Hollywood Road, Leonardtown, Maryland 20650-0279 Edward N 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heer failure. List only one cause on each line. Approximata Interval Betw Onset end Death **Physician** /Medical immediata Cause (Finei disaasa or condition rasulting in death) Examiner Examiner The law requires that the death certificate be executed physician and the burial-transit Sequentially list conditions, if sny, laading to immadiata cause. Entar Underlying Causa (Disaase or Injury that Inflieted events rasulting In death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) for use as signed by the a d be deteched f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ been si 24a. Was en eutopsy performed? 24b. Wara autopsy findings available prior to Completed completion of cause of death? certificate hes t 111 1 TYes 2 No Hospital or Attending Physicien: director. Be 25. Was casa raferred to medical axaminar? 28. Place of Death (Check only one) Hospital: 1 ☐ Inpatiant Othar: 4 Nursing Home 5 Rasidance 6 Othar (Specify) Certification: To 1 ☐ Yas 2 ☐ No 2 RER/Outpatient 3□ DOA this funeral 27. Manner of Death 28d. Dascribe how injury occurred 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury et Work? After Naturai 2 Accident 5 Panding 1 Yas 2 No Invastigation after death Director: / d in by the f 6 Could not be datermined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide filled in To the Hospital within 24 hours a To the Funeral Completely filled edica 29e. Certifier 18 Certifying Physician: To tha best of my knowledge, deeth occurred et tha tima, date and place, and due to tha ceuse(s) and manner as stated. 2 Medical Exam ner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29d. Deta signed (Month, Day, Year) 29b. Signature and fittle of certific 29c. License number D06419 30. Name and addgess of p complated causa of death (ttam 23a) (Type, Print) 6 J. Patrick Jarboe / M.D., St. Mary's Medical Arts Building, Leonardtown, Maryland 20650 31. Date filed (Month, Day, Year) 32. Registrar's Signatura State

whin Davidson Rardall

DHMH 16 Rev 6/95

Registrar

90 H → HI HI SIN F

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 40655 State of Maryland / Department of Health and Mental Hygiene Amended item #26 per F.D. Certificate of Death 12/27/96 Carroll Co. crw 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Veer **Physician** Month ROBERT MIDDLETON RUBY, SR. 26, 1996 DEC 1:30 PM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 3820 Sunnyfield Ct Apt 3C Hampstead Carroll If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Months Days Hours Min. (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funerai** 1**№**M 2□F Days Yrs. Director 89 Oct 19,1907 214-01-2656 Usual Residence of Deced MARYLAND the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at MARYLAND CARROLL HAMPSTEAD 1 ☐ Yes 2X No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3820 SUNNYFIELD CT APT 3C 21074 USA Nems 23a Pages 1 and 2 should be filed within 72 hours after death nent of Health end Mantal Hygiene. Funeral 12. Was Decedent Ever In U.S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give* Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 "naturel", or 1 ☐ Yes 2 ☐XNo Specify: Specify: by 3 □ Widowed 4 □ Divorced WHITE Hygiene. other than *nature rent, the Western Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) FAWN GROVE Elementary/Secondary (0-12) College (1-4or 5+) SHIPPING MANAGER MANUFACTURING 11 other t Ith end Mantal Hygi 27 is marked other treumetic event, I 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) VINCENT RUBY ANNA CAVANAUGH 19a. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) of Health of MARION D. RUBY, WIFE 3820 SUNNYFIELD CT APT 3C, HAMPSTEAD, MD 21074 other 20b. Piece of Disposition (Name of cametery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State Department of Important: If it any injury or o 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) CARROLL CREMATIONS 12/27 HAMPSTEAD, MD 21. Signature of Fymerei Service-Licensee 22. Name and Address of Facility ELINE FUNERAL HOME 934 S MAIN ST, HAMPSTEAD, MD 21074 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervai Between Onset and Death Physician /Medical immediate Cause (Finei as and wa Com diseese or condition resulting in death) Examiner Due to (or as a consequence of) Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): attending ph signed by the at d be detached for Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown þ should 24b. Were autopsy findings available prior to 24a. Was an eutopsy performed? completion of cause of death? page 2 1 Tyes 22 No 1 ☐ Yes 2€No cartificata or Attending Physician: director Be 25. Was case referred to medice 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2No Certification: To 1 ☐ Inpatient — 2 ☐ ER/Outpatient 3 ☐ DOA this funaral 28a. Date of injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Affar 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

Division of Vital Records, P.O. Box 68760, aftar death. filled in by 24 hours a Hospital To the Hosp within 24 hor To the Fune complataly fi

12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the ceuse(s) end manner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) HD 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Acre westwuster

State Registrar

edicai

31. Date filed (Month, Day, Year) DEC2 32. Registrar's Signature

State of Maryland / Department of Health and Mental Hygiene

U.S.A.

White

40656

3. Time of Deeth

0012

Birthplace (State or Foreign Country)

10d. inside City Limits

1.☐ Yes 2 ☐ No

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Month Louise Reddish /Medical 17 95 4c. County of Death 4b. City, Town, or Location of Deeth 4a. Facility Nema (If not institution, give street and number) Examiner Peninsula Regional Medical Center Wicomico If Under 1 Yeer. 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) **Funeral** 1□M 2□F Months Days Hours Yrs Director 216-44-8511 25 48 Salisbury, MD Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City. Town or Location from 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Modical Examiner must be notified at Director MD Wicomico Salisbury 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Nerna 23a permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural" or home any Injury or other traument. 108 Prince Street Funeral 21804 12. Wes Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Never Married 2 Married 1 Yes 2 No If Yes, GiveX Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2√□ No ð Specify 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Insurance Company Secretary 17. Father's Name (First, Middle, Last) 18. Mother'a Neme (First, Middle, Maiden Sumame) Be Clifford L. Reddish Louise 19e. Informant'a Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Clifford Reddish-Brother 108 Prince Street, Salisbury, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donstion 5 ☐ Other (Specify) Salisbury Crematory 12/19/96 Salisbury, MD 22. Neme end Address of Facility Holloway Funeral Home, P.A. 501 Snow Hill Road, Salisbury, MD 23a. Part1. Enter the disease, or complications that should shock, or heart feilure. List only one ceuse on such fire Do not enter the mode of dying, such es cardiec or respiretory arrest **Physician** /Medical Immediate Cause (Final disease or condition resulting in death)

Examiner

physician and the burial-transit

Hospital or Attending Physicien: The law requires that the death certificate be executed 24 hours after death.

24 hours after death.

Funeral Director: After this certificate has been signed by the attending physician and elely filled in by the tuneral director, page 2 should be deteched for use as the burish-transit

Division of Vital Records, P.O. Box 68760,

Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Be Completed by Physician/Medical

27. Manner of Death

Natural 2 Accident

3 ☐ Suicide

4 Homicide

5 Pending investigation

6 Could not be determined

andiorenic myocandia GEMONY

Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. bic Werd neare 25. Was case referred to medical examiner?

1 Yes 2 No 26. Place of Death (Check only one) Hospital: 1 Sinpatient 2 □ ER/Outpatient 3 □ DOA

28a. Date of Injury (Month, Day Year)

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yss 2 ☐ No

24a. Wes an autopsy performed?

24b. Were autopsy findings svaliable prior to completion of causa of death? 1 Yes 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how Injury occurred 28c. Injury at Work? 1 Yes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and menner steted. 29e. Certifier (Check only one)

29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 218614

28b. Time of

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

30. Name and address of person who company hause of death (Item 23a) (Type, Print)

MD

547-6 RIVERSIDE DR.

State Registrar

Certification: To

Medical

Saggar Dechak 32. Registrer's Signeture 31. Date filed (Month, Day, Year)

DEC 1 9 1

To the Hospital or within 24 hours aft To the Funeral Di completely filled in

State of

f Maryland / Department of Health and N	Mental Hygiene	96	LOCET
Certificate of Death	Reg. No.	30	40657

						Certificate	e of	Death		R	eg. No.	O	40001	
	5 1		1. Decedant's Nama (First, Middla,	Last)					1:	2. Dete of Deet	th	Vees	3. Tima of Deeth	1
	Physic /Medi		Gloria Lo	retta Re	eilly				þ	Month December	21, 1	996	3:00 AM	1
	Exami		4e. Facility Nama (If not Institution, g	iva street and num	nber)			4b. City, Town	n, or Loc	ation of Death	4c. Count	of Death		
			508 Linwood Ave	nue				В	el A	Air		Harf	ord	
	Funeral		5. Sociei Security Number 216-24-8458	Sex 1□ M 252F	7. Age (In yrs. last bin	Months	1 Yaar Deys		Hrs. Min.	8. Dete of Birth (Month, Day)	Year)	9. Birth	place (Stete or Forai	ign
	Director		Usual Residence of Decedant	10 111 2001	66	Yrs.			J	Jan. 25			aryland	
	end we		10a. Stete 10b. County		10c. City, Town	or Location							10d. inside City Limi	Its
	Many	ō	Maryland H	arford				Be1	Air				1 ☑ Yes 2 □ N	
	the 128m	Director	10e. Street and Number			10f. Zip (Code			1	0g. Citizen of	What Cou	ntry?	-
	3a or		508 Time	ood Aveni	10			21014						
	death mas 2	Funeral	11. Maritel Stetus	12. Was Dece	dent Ever in U,S.	13. Wes Decede	ent_of l			cify Yes or No-		e - Ameri	SA can Indian,	-
0	filed within 72 hours after death with the Maryland Hygiene. ther than "naturel", or flems 23s or 28s-f show int, the McGool Exercises must be notified as		1 ☐ Navar Marriad 2 ☑ Merried	Armed For	2⊠ No				Puerto R	lican, atc.)	Bie	ck, White,	etc.	
02	ours	by	3 Widowed 4 Divorced	If Yes, Give Yaar or De	tes:	1 ☐ Yes 2	₩No	Specify:			Specif		ite	
21215-0020	be filed within 72 hours af itel Hygiene. d other than "neturef", or event, the Med as Event	Completed	15. Decedent's (Specify only highest)	Education erade complated)	16a.	Decedant's Usuei (Giva kind of work	Occu	petion during most o	of working	0	18b. Kind of B	usinass/in	dustry	
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and	0 0 0 V	Be	17. Fether's Neme (First, Middla, La	•	3.3					(First, Middle, I				
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e,	1 and Health em 27		20a. Method of Disposition	/ DI • / IId.	20b. Piece of	Disposition (Neme	e of		, 50		20c. Location			-
no	Pages nent of int: # he iry or o		1 Buriai 2 Cramation 3		tata	y, cremetory or oth			12				7.77	
altimore,			4 Donetion 5 Other (Special Signature of Fanarai Servica University		R.) A.	Ferris &			. 12	./23/96	west C	neste	el, PA	
Ba	permit. Departiments any inference.			77 / IN)	10-40	-Howard	Κ.	McComa:						
			23a. Pert 1 Enter tha disease, or en shock, or heert feilure. List on	movications that co	Tradition of the Por	1317 Co.	kes	bury R	oad,	Abingo	don, Ma	ryla	Approximate	-
	Physician		shock, or heert feilure. List on	y one cause on ee	ch line.							i	Interval Between Onset and Death	
и	/Medical		immediate Cause (Final	1	MARA	to to	V	Knon	A	Car	ICOY	_	16	
	Examiner		disease or condition rasulting in deeth)	a	Due to (or es e	ford to		MEU	20	Cu	ACC 1	1	10 MON	1
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	deeth certificate be asscuted e ettending physician end of for use as the buriel-transit	Examiner	Sequentially list conditions,	b	Dua to (or es e o	consequence of):						1		-
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Bo	ettend for us	Physician/												
o		iysi	Part tl. Other significant conditions	contributing to dea	ath but not resulting in	the undartying ca	use gi	ven in Pert I.		23b. Did to	bacco use co	ntribute t	o the cause of deat	th?
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Records,	requires that the een signed by th hould be detach	d by								24a. Was a	n autonsy	24b. W	ere autopsy findings	s
Ö	been s	lete								perforr	ned?	av	railebie prior to empletion of cause	
Re	The law ate has b page 2 s	Completed									led .		death?	
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Ö	tal or A al Direction by	Cer		Dalloni	g, etc. (Specify)					Only or Your	r, Olate/			
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edical	29a. Certifier 1 Certifying F	hysician: To the b	est of my knowledge, sis of exemination and	death occurred at	t the ti	ime, dete end p	piece, an	nd due to tha ca	ause(s) end m	annar as s	tated.	
	within 24	Pe	one)	end manne	er steted.				occurrec	at the time, u	ota allo piaca,	and due t	rura cause(s)	
	To	×	29b. Signatura and title of certifiar	10-	10.00	29c.	Licans	sa number		2	9d. Deta signe	d (Month,	Day, Year)	
			Murley	moles	CM)		DI.	5541	0	1	12C2	3,1	146	
			30. Name and address of person wh	completed dausa	of death (Itam 23a) (Type, Print)	-	10	0		Rann	Sec. 1	1.11	
			21 Date filed (Month Con Ver	ett. W	W 560	1 Loch	1	aven	CD	vac.	reed	IMO	Cim, a	
	Sta Registr	- Y	31. Dete filed (Month, Dey, Yeer) DEC	2.6 199 6	gistrer's Signature	dear Randal	ll,			•				
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State of Maryland / Department of Health and Mental Hygiene Q

			Certificate of Death	Rec	3. No.	40000
				2. Data of Death	Leu House	3. Time of Death
	Physic /Medi		KENNETH SHERBURNE	Month VIJEM RE	SR2419	36 8:15 A
)	Exami		4a. Facility Nema (If not institution, give street and number) 4b. City, Town, or Local	ation of Death	4c. County of Dec	ath
			12765 Sycamore Lane CHARLOTTE H	IALL	CHARLES	
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. Months Deys Hours Min.	8. Data of Birth (Month, Day, Y	(nac) 9. Bi	irthpiace (State or Forei
	Director			SEPT 18		ssachusetts
	ž .		Usual Rasidance of Decedent			T
	aryin show	-	10e. Stata 10b. County 10c. City, Town or Location			10d. Insida City Limit
	the Mar 28a-1 st notified	Directo	Maryland Charles Charlotte Hall			1 Yas 2 N
	Pag all	듬	10e. Street and Number 10f. Zip Coda	10g	g. Citizan of What C	country?
	ab 123a	To .	12765 Sycamore Lane 20622		USA	
	or do	Funeral	11. Marital Status 12. Was Decedant Ever in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas, specify Cuban, Maxican, Puarto Ri	ify Yas or No- ican, etc.)	14. Race - Am Black, Wh	
21215-0020	ar, or I	b,	1 ☐ Nevar Merried 2 ☐ Merried 1 ☐ Yes 2 ☑ No If Yes, Give X 1 ☐ Yas 2 ☑ No Specify: Year or Datas:		Specify:	White
50	72 ho natur fical	Completed	15. Decedant's Education 16a. Decedant's Usuel Occupetion	16	5b. Kind of Businas	s/Industry
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P	vent of the	Be	17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middla, Ma	uidan Sumama)	
Maryland	thould by and Menta marked metic ev	To	Charles B. Sherburne Linnie Ki	nney She	erburne	
ar	and and		19e. Informent's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural	Route Number, C	City or Town, Stata,	Zip Code)
	and anth		Mary C. McNeely (Daughter) 12765 Sycamore Lane Cha	rlotte I	Hall, MD	20622
ore	10年 日		20e. Mathod of Disposition 20b. Piece of Disposition (Name of cematary, crematory or other place)	Dete 20	Oc. Location - City o	r Town, State
Ĕ	Pag nent ary o		Metropolitan Crematory 12-2	4-96 A	lexandria	, VA
Baltimore,	party y inj		21. Signature of Funaral Sarvica Licensee M00173 22. Nema and Address of Facility J.H. Eberwein Mortua			
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	500		23a / 111. Entar the disease, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or heart failura. List only one ceuse on each line.	raspiratory arres	t, MD 200	Approximata
	Physician /Medical Examiner		Immedieta Causa (Final diseasa or condition rasulting in death) e.			intarval Between Onset and Deeth
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	be executed ician and burial-transit	Examiner	0.			T
0	e exe		Sequentially list conditions, if any, leading to immediate causa. Enter Undarlying Causa (Disease or injury that initiated events			
68760,	cate be a physician the burie	edicai	that initiated events rasulting in death) Lest		2	
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B0)	attend for us		a distribution of the contract		,,,	I
	requires that the death certificate be execu- een signed by the attending physician and hould be detached for use as the burial-tra	sic	Part ii. 9ther significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did tobi	acco use contribu	ts to the cause of deat
P.0	that the de ed by the a detached	£	Serve persiasis	1 🗆 Yes	2 No 3 1	Probably 4 Unkno
S	res tha signed to de	b	0. £		I and	(
Records,	been si	Completed by Physician	Status post ca colon	24a. Was an e		 Were autopsy findings svaliable prior to completion of cause
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Vital			OF Who are referred to method		27(110	1 ☐ Yas 2 ☐ No
>		o Be	examiner? 1 Yes 2 No Other: 4 Norsing Home		ce 6 Other (Sp.	no#4
of		 -	To inpatient 2 Devoupation 3D DOX 4 Divursing north	d. Dascribe how		вспу)
o	블로돌크	atio	1 Netural 5 Pending (Month, Day Year) Injury Work? 2 Accident invastigation M 1 Yes 2 No			
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Ö	s efter	Sert	4 ☐ Homicida building, etc. (Specify)	City or Town, S	Stata)	
	To the Hospital or within 24 hours efter To the Funeral Director completely filled in	edicai (29e. Certifiar (Check only Medical Examiner: On the bast of my knowledge, death occurred at the time, dete and place, and the determinant of the basis of examination and/or investigation, in my opinion, death occurred the determinant of the basis of examination and/or investigation, in my opinion, death occurred the determinant of the basis of examination and/or investigation, in my opinion, death occurred the determinant of the basis of examination and/or investigation, in my opinion, death occurred the determinant of the basis of examination and/or investigation, in my opinion, death occurred the determinant of the basis of examination and/or investigation, in my opinion, death occurred the determinant of the basis of examination and/or investigation, in my opinion, death occurred the determinant of the basis of examination and/or investigation, in my opinion, death occurred the determinant of the basis of examination and/or investigation, in my opinion, death occurred the determinant of the basis of examination and/or investigation, in my opinion, death occurred the determinant of the determinan	d dua to the caus	se(s) and manner a	as stated.
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			1 Marin Dilli		14-11	
			ANNETTE C. GONSAVCA MD (ANT OFFICE Rd	1	15 11-	
	Sta		ANNETTE C. GONSALVES MD 6 ART OFFICE Rd 31. Data filed (Month, Day, Year) 32. Racinflar's Signeture	WALDOR	1, 190	
	E 2 #	1. Z.	- Je, naywilai 5 Janielina			

State Registrar

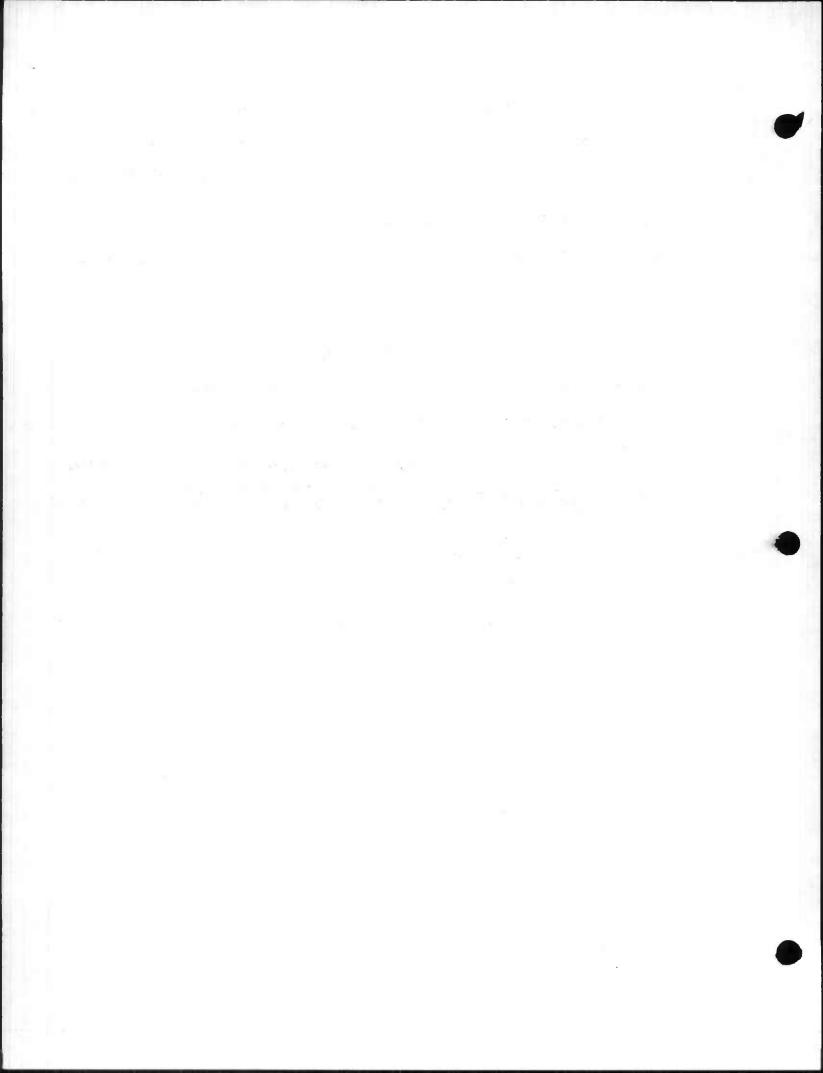
State of Maryland / Department of Health and Mental Hygiene

40659 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Frederick D. Struck Dec 22 1995 12:10cm /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Suburban Hospital Bethesda Montgomery 5. Sociel Security Number if Under 1 Year if Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 1X M 2□ F Months Days Hours Yrs. 139-38-8484 Director 47 May 13, 1949 New York Usual Residence of Decedent the Maryland 10e. State 10b. County worle 10c. City, Town or Location 10d. inside City Limits must be notified at 1 Yes 2 No Directo Maryland Howard Columbia 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death with 11930 Gold Needle Way 21044 Funeral United States Herna 2 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Black, White, etc. 11, Marital Status The Medical Examiner Pages 1 and 2 should be filed within 72 hours after 1 Never Married 25 Married 21215-0020 6 1 Yes 2√ No Specify: þ Specify 3 Widowed 4 Divorced "natural" White Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) i Hygiane. Elementery/Secondary (0-12) College (1-4or 5+) 4 Real Estate Broker Real Estate Department of Health and Mentel Hyg Important: If item 27 le marked other any Injury or other treumatic event, altimore. Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Frederick O. Struck 2 Miriam Sessenwein 19a. tnforment's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Katherine H. Struck/Wife 11930 Gold Needle Way Columbia, MD 21044 20e. Method of Disposition 20b. Pleca of Disposition (Name of cemetery, cremetery or other plece) Date 20c. Location - City or Town, State 1 ☐ Burlai 2X Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Balt-Washington Crematory12-23-96 Laurel, Maryland 21. Signature of Funeral Servica Licansee 22. Name end Address of Fecility Harry H. Witzke Funeral Home, Inc. 23e. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate

Approximate Approximete Interval Between Onset end Death **Physician** /Medical Immediete Cause (Finel disease or condition resulting in death) Examiner Physician/Medical Examiner cher ans The law requires that the death certificate be axecuted Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in deeth) Lest Box 68760. a the Due to/(or as a conseque USB 85 P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributs to the cause of death? signed by d be detact 1 Yes 2 No 3 Probably 4 Monknown Records, þ page 2 should 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was en eutopsy performed? peen certificata 1 Yes 2 No of Vital Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 12 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division 1. Netural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be 3 ☐ Suicide Place of injury - At home, farm, straet, factory, offica building, etc. (Specify) 281. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide Certifying Physicien: To the best of my knowledge, death occurred at the time, date and pleca, and due to the cause(s) end manner as stated.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end plece, end due to the cause(s) end manner stated. Medical 29a. Certifier To the I within 2 29b. Signature and title of certified 29c. License number 29d. Dete signed (Month, Day, Year) 1140234 30. Name and eddress of person who completed gause of death (Item 23a) (Type, Print) Michael Kenes MO 454 Cheu M Wiscasin 32. Registrar's Signature 31. Dete filed (Month, Dey, Year) State 0 1996 Registrar



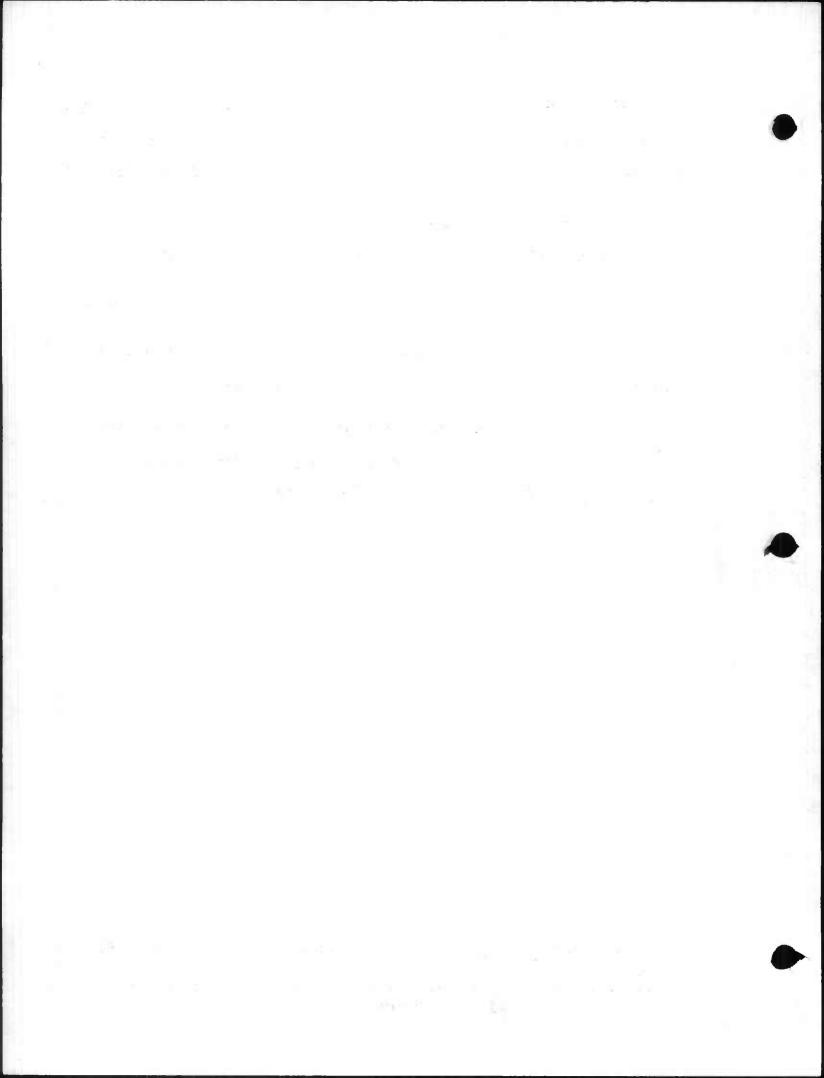
State of Maryland / Department of Health and Mental Hygiene

				Otato of Ma	il ylaria r	Certific		Death		Reg. No.	6	406	560		
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	/Medi		MEL		HERR				DEC	25 19	796	15	108		
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-	Funeral Director		5. Social Security Number 6. S 217-09-8459		(In yrs. last bi	Yrs. If Un	hs Deys		8. Data of Bir	th v. Year)		piaca (Sta ptry) ylan	te or Foreign		
	/land		Uaual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City										e City Limits		
	e Man	ctor	Maryland Baltin	more	Bal	timore						1 🗆 Y	ras X□No		
	or 28	Director	10e. Street end Number			10f.	Zip Coda			10g. Citizan of \		•			
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	E T F E		17. Fethar'a Nama (First, Middle, Last)			110010.	ICII I	18. Mother'a Na	ma (First, Middle			Cyca			
	Men		Louis Sherr					Dora G	oldman						
	4 th		19a. Informant's Name/Relationship (Lola Sherr/Wife	Гуре, Print)	7	207 Ch	alksto	Street and Number or Rural Route Number, City or Town, State, Zip Code) ston Dr. B-2 Baltimore, Maryland 2120					21208		
Baltimore,	8 5 = 0		20a. Method of Disposition 1 ঐ Burial 2 □ Cramation 3 □ 4 □ Donetion 5 □ Othar (Specific		cemate	of Disposition (ary, cramatory of ore Nat	or othar pla	1	Deta 12-27-96	20c. Location -					
Balt	permit. Page Department of Important: If any Injury or once.		21. Signature of Funaral Service Licer	ing-Wth	Do	Harry	y H. V	uss of Facility Witzke Fr	uneral H	ome, Ind	c.				
	Physician /Medical Examiner		23a. Part 1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, auch es cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. 4112 Old Columbia Pike Ellicott City, MD 21043 Approximate Interval Between												
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68760,	tificate be executed g physician and as the burlal-transit	dice	thet initiated avants rasulting in death) Last Due to (or es e consequence of):								i				
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	the death cery y the attendir sched for use	Physician/Medical	sicla	sicia	Pert II. Other significant conditions of	conditions contributing to death but not resulting in the underlying cause given in Pert I.					23b. Dld	tobacco uss co	ntributs to	the cau	se of death?
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/ita		Be	25. Was casa referred to medical axaminar?	14 6					eth (Check only o	one)					
of	this al di	To T	1 ☐ Yas 2) No 27. Manner of Death	Hospital: 1 Inpatlan		•	DOA Oth	4 Li Nursing I	Homa 5 Resi			y)			
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	To th Within To th comp	Me	29b. Signatura end titla of certifier	10			29c. Licens		50 1225			Month, Day, Year)			
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	Sta Registr		31. Data filed (Month, Day, Year)	32. Registra	r'a Signatura										

State of Maryland / Department of Health and Mental Hygiene Q C

				ificate of		Re	eg. No.						
	Physici	ian	1. Decadant's Nama (First, Middla, Last) Louise Scott			2. Data of Death	Dev	Yaar	ma of Death				
	/Medi		4a. Facility Nama (If not institution, giva street and number)		4b. City, Town, or Lo		1		340				
	Examir	ner 	Eden House		Allen								
	Funeral Director		5. Sociel Security Number 6. Sax 1 □ M 2 ☑ F 7. Age (In yrs. last birthdey) 8 8 Yrs. Usual Rasidance of Decedant	if Undar 1 Yeer Months Deys		8. Dete of Birth Month, Day, 11-23	-08	9. Birthplaca (St Country) Maryland	lata or Foreign d				
	fand M m	by Funeral Director	10a. State 10b. County 10c. City, Town or Loc	ation				10d. fnsid	da City Limits				
	Man		MD Howard Laurel					10	Yes 201No				
	J within 72 hours after deeth with the Manyland jiens. Than "natural", or flems 23s or 28s-f show the Madical Evanther must be notified at		10e. Street and Number 10f. Zlp Coda 10g. Citizen of What Country?										
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Maryland 21215-0020	within 72 ene. then "net	To Be Completed	(Specify only highest greda complated) Elemantary/Secondary (0-12) Grade 12 (Give k lifta. D Clerk	during most of workii id)		US Government							
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	S la D W		Walter Scott		Emily Du								
ary	d 2 should th and Mer 7 is marks traumatic		19a. Informant's Name/Relationship (Type, Print) 19b. Meiling	Addrass (Street	and Number or Rura	l Route Number,	City or Town,	Stata, Zip Code)					
	4		Ray Elliott per. rep 9543	N. Laur	el Rd. La	urel, Ma	rvland	20723					
ore	of Healt of Healt f Itam 2 r other		20a, Mathod of Disposition 20b, Place of Dispos					City or Town, Sta	te				
Ĕ	Pag ment ant: h ury o			lge Memor	rial Pk 1,	/2/97 D	orsey,	Maryland	đ				
Baltimore,	permit. Pages 1 an Depertment of Heal Important: if Itam 2 any injury or other once.		21. Signeture of Funeral Service Licensee 22. Nama and Addrass of Fecility Donaldson Funeral Home, P.A.										
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о. О	t tha c by the tache	hys		VOLUM PARCES.	1 Yee 2 No 3 Probably 4 No								
S, T	gned pe del	ру Р	Organic Brain Syndrome										
Division of Vita	law requires that tha death cer as been signed by the attendin a 2 should be detached for use	Completed	Generalized Arteriosclerosis		24a. Was ar perform	n autopsy ned?	24b. Wara euto evallable p completior of death?	prior to					
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	clan: ertific ector,	Be	25. Wes casa rafarred to medical examinar?		26. Plece of Death	(Check only on	a)						
	ng Physician: fter this certific ineral director,	on: To	1 ဩ Yas 2 □ No Hospital: 1 □ Inpatiant 2 □ ER/Outpatient 27. Mannar of Death 1 ဩ Naturai 5 □ Panding 28a. Data of Injury (Month, Dey Year) 28b. Tima of fnjury	28c. Inju	28c. Injury at Work? 28d. Describe how Injury occurred								
	To the Hospital or Attending Physician: To the Tuneral Director After this certific completaly filled in by the funeral director.	Certification:	2 ☐ Accidant Invastigation 3 ☐ Suicida 6 ☐ Could not be datarmined 28a. Place of Injury - At homa, farm, streed building, etc. (Specify)	Yas 2 No	28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)								
	To the Hospital within 24 hours of To the Funeral Completely filled	edical C	29a. Certifiar (Check only one) 1☐ Certifying Phyeician: To the best of my knowledge, deeth 2☑ Madical Examiner: On the basis of axamination end/or inva	occurred at tha ti stigetion, in my o	ma, data and place, a opinion, daath occurre	and dua to the ca	ausa(s) and mai ate end piece, a	nnar as statad. and dua to tha cau	use(s)				
	Within To the Young	Me	29b. Signatura end titla of certiflar	29c. Licens	se number	25	29d. Data signed (Month, Day, Year)						
	43		D.M.E	. DO3	03599 12-29-96								
	(0)		30. Nama and addrass of person who completed causa of death (Item 23a) (Type, P	nint)									
	V		John T. Bulkeley, M.D. 108 Pin	ne Bluf	f Rd. S	Salisbu	iry, M	d. 218	301				
	Sta Registr	te ar	31. Data filed (Month, Day, Year) 1996		,								

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene Q 5 1, 0 5 6 2

						Certificate	of i	Death	F	Reg. No.	0	40002	
	Dh	٠	1. Decedent's Neme (First, Middle, L	est)					2. Dete of Dee	oth	Vans	3. Time of Death	
Physic /Medi			Mildred Florida	Simms					Decembe	Dey er 21, J	Year 1996	11:00 pm	
	Exami		4e. Facility Neme (If not institution, g				4	b. City, Town, or		4c. County		-11.00 pill	
			Golden Oaks Nur	sing Home				Laurel		Pri	nce (George	
	Funeral Director			Sex 7. Ag 1□ M 2□ F 8	ge (In yrs. lest bii 1	Yrs. If Under 1 Months	Yeer Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey Jan. 30	8. Dete of Birth (Month, Dey, Year) 9. Birthplace (Ste			
П	p ,		Usuei Residence of Decedent 10a. Stete 10b. County		40. 01. 7.								
	e Maryla Be-f shor	ctor	W. Va. Rando	lph	oh Elkins							0d. Inside City Limits 1 ☐ Yes 2 ☐ No	
	h with th	Funeral Director	10e. Street end Number 182 High Street 10f. Zip Code 26241 10g. Citizen of Whet Cou								ntry?		
	72 hours after death with the Maryland natural, or items 23s or 28s-f show final Examiner must be notified at	ner	11. Meritel Stetus 12. Wes Decedent E Armed Forcea?		Ever in U,S.	13. Wes Decede	ent of H	ispenic Origin? (S	n? (Specify Yes or No- Puerto Rican, etc.)			an Indien,	
Maryiand 21215-0020		by	1 ☐ Never Merried 2 ☐ Married 3 🙀 Widowed 4 ☐ Divorced		1 ☐ Yes 2 ☑ No If Yes, Give		1 ☐ Yes 2 ☐ No Specify:			Specify	ck, White, Bla		
5-0	n 72 hours "natural",	ted	15. Decedent's E (Specify only highest gi		16a	Decedent's Usual	Occup	ation	kina	16b. Kind of Bu	usiness/In	dustry	
21	C	Completed	Elementery/Secondary (0-12) College (1-4or 5 Grade 10			(Give kind of work done during most of working life. DO NOT use retired)							
2	ygier Merth	Co			Di	letary Ai	đe			Child		Home	
and	pemit. Pages 1 and 2 should be filed withir Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than any Injury or other treumatic event, the Meone.	Be	17. Father's Neme (First, Middle, Las	()				18. Mother's Ner	ne (First, Middle,	Maiden Sumer	10)		
Š	Mer	To	Milton Lewis						ria Baxte				
Vai	2 sh and is m		19a. Informent'a Neme/Reietlonship	(Type, Print)	195	. Meiling Address (Street .	and Number or Ru	ral Route Numbe	r, City or Town,	State, Zip	Code)	
	end leelth m 27 her t		Robert Simms /	Son		4014 Old	Sta	age Road	Bowie,	Maryla	nd 2	20720	
Baitimore,	H Por P		20a. Method of Disposition 1 ☐ Buriai 2 ☐ Cremetion 3	Removel from State	cemete	f Disposition (Neme ry, crematory or oth	ner pled		Dec. 27	20c. Location -	City or To	own, State	
Ë	Pag ment ury		4 □ Donation 5 □ Other (Spec	Ty)	The E	Beverly Co	emet	ery	1996	Bever:	ly, W	I.Va.	
ail	Departi Import any inj		21. Signeture of Funerel Service Lice	cansee 22. Name and Address of Facility									
0.0	80 = 20		Donaldson Funeral Home, P.A. 313 Talbott Avenue Laurel, Maryland 20707 Approximate Interval Between shock, or heert feilure. List only one cause on each line.										
	Physician /Medical		23a. Part1. Enter the disease, or cor	nplications that caused	the deeth. Do	not enter the mode	of dyin	g, auch es cardiec	or respiratory en	el, Mary	yland	Approximate	
d			SHOOK, OF HOUR TORIGIO. LIST WITH	Ole Canse Oli Bacil III							1	Interval Between Onset and Death	
7			Immediate Cause (Final disease or condition	Acı	ite Rena	l Failure	е					1 month	
	Examiner		resulting in deeth)	θ	Due to (or es a	consequence of):						I MOITEII	
-	70 ×	ner				200304 2000 201					1		
	nd trans	Examiner	Sequentially list conditions. Due to (or es a consequence of):										
0	e exe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury										
68760,	deeth certificate be executed e ettending physician and od for use as the burial-transit	lica	that milleted events Due to (or es e consequence of):								1		
9		Med											
Вох	th ce			d							i		
		sici	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.							23b. Did tobacco use contribute to the cause of			
P.0		Physician/							1 Yee 2 No 3 Probably			bebly 4 Unknown	
	on the	by F	-									AA	
Records,	aw requir as been s 2 should	Completed							24e. Wes a perfor	en eutopsy med?	ev co	ere autopsy findings allable prior to mpletion of cause death?	
R		E							1 🗆 Y	es 2 No	_		
ā	ifical	Be C	25. Wes case referred to medical					26 Piace of Dec	th (Check only or			Yes No	
of Vital	Physician: The i this certificate he ral director, page	ToB	examiner? 1 Yes 20XNo	Hospitel:	ent 2□ER/Ou	utpatient 3 DOA	Oth	or	ome 5 Resid		ar /Snacif	vi	
	Phys orthis oral di		27. Manner of Deeth	26a. Dete of Inju	ry 28b.	28b. Time of injury st Work?		28d. Describe h			7/		
lo	oding th. Afte	to	1 Neturel 5 ☐ Pending investigation		(Month, Dey Year) injury			Work? M 1 ☐ Yes 2 ☐ No					
Division	To the Hospital or Attending Phy within 24 brours after deeth. To the Funeral Director: After thi completely filled in by the funeral	fice	3 Suicide 6 Could not t				28f. Location (Street and Number or Rural Route Number,			I Route Number,			
á		Certification:	4 ☐ Homicide building, etc. (Specify)							City or Town, State)			
		edical C										id manner as atated. lece, and dua to the cause(s)	
	o thin	Me	29b. Signeture end title of certifier	0 M		29c.	License	number	29d. Dete signed (Mon			Day, Year)	
	F \$ F 0		1 Process (1/OM		1	74	-947		Det .	73	1901	
	1		30. Name and address of person who	completed saves of d	eath (Ham BOs)	(Tuno Brist)				ill "	7	(11/6	
	6		GREGORY M	completed cause of d	ONMO	8317 C	he	y lane	lowel	MDZ	070	7	
	Sta Registr		31. Dete filed (Month, Day, Year) DEC 2 4		er's Signeture	6		1				T .	
	ricgisti	GI .	UEC 2 4	1996 Mach	M INCOME	- Wordell							

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State of Maryland / Department of Health and Mental Hygiene 40663 Amended #10a,10b,10c,10e,10f,12/24/96,PCT,Howard Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** December 9, 1996 Evelvn 6:30 a.m. /Medical 4s. Fscliity Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Mariner Health Care of Laurel Laurel Prince George 7. Age (In yrs. last birthdsy). 93 vrs. If Under 1 Year If Under 24 Hrs. 8. Date of Birth
(Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** Deys 1 M XXF Months 004-32-9436 Yrs Director Dec 9, 1903 Maine Usuel Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. fnside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Coorge Maryland Prince Laurel 1 ☐ Yes 2X No Director ARUNDEI YORK Maine 10e. Street and Number 90 10f. Zip Code Post OLD 10g. Citizen of What Country? Road ò 12103 Mount Pleasant Drive 20708-U.S.A. 23a 04046 Funeral Neme 12. Was Decedent Ever in U,S. Armed Forcas? 11. Maritel Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. pemit. Pages 1 and 2 should be filed within 72 hours after. Department of Health and Mental Hygiene. Important: If flem 27 Is merked other than "natural", or her any injury or other traument: Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No
If Yes, Give
Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ XXWidowed 4 Divorced white Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry College (1-4or 5+)

l year Elementary/Secondary (0-12) Homemaker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Jessie Soule Ray Lilley 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Norma Laverty / daughter 12103 Mount Pleasant Drive Laurel, Md. 20708 20b. Place of Disposition (Name of cemetery, crematory or other place) Dec 13, 1996 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriei 2 ☐ Cremetion 3 🔀 Removal from State Tory Hill Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Buxton, Maine 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility
Donaldson Funeral Home, P.A. 313 Talbott Avenue Laurel, Maryland 20707 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respirstory srrest, shock, or heart failure. List only due cause on each line. **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical CONGESTIVE HEART FAILURE EARS Examiner Due to (or as a consequence of) Examine physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) Box 68760 that the death certificate be Physician/Medical Due to (or as e consequenca of): for use as P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 Yss 2 No 3 Probably 4 Unknown HYPERTENSION Division of Vital Records, þ DIABETES 24b. Wera sutopsy findings evallable prior to completion of cause of desth? 24a. Wes an autopsy performed? Completed peen has page 2 CORONARY ANTERY DISERSE 1 Yes 2 Dig 1 Yes 2 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospitel: 1 ☐ InpatIent 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Inversing Home 5 Residence 6 Other (Specify) 1 Yes 2NHO Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical 2 Medical Exeminar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner steted. 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier 29c. License number 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) A. MI) CASAS LUIS 8317 CHERRY LANE LAUREL MD 20707 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Juli davelsor larlatt DFC 1 1 1996 Registrar

DHMH 16 Rsv 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene

				State of Maryia		tificate o		,	Reg. No.	96 40664
	Physic /Medi		1. Decedent's Name (First, Middle, Last) MINNIE ST						Day Concern Z1	Year 3. Time of Death
1	Examin Funeral Director	ner	4e. Fecility Name (If not institution, give str Howard County Gener 5. Sociel Security Number 218-40-0055	al Hospital	s. last birthday)	If Under 1 Yes		nbia 8. Dete of Bir	th ay, Year)	of Death OWARD 9. Birthplace (State or Foreign Country) Maryland
	show		Usual Residence of Decedent 10a. State 10b. County		ity, Town or Lo	cation			1500	10d. Inside City Limits
	or 28a-f	Director	Maryland Howard 10e. Street and Number		Ellic	10f. Zip Code			10g. Citizen of V	1 ☐ Yes 2 ☑ No What Country?
020	72 hours after death with the Maryland natural", or items 23s or 28s-f show deal Examiner must be notified at	by Funeral	9004 Manordale Lane 11. Maritai Status 1 Never Married 2 Married 3 Widowed 4 Divorced	Was Decedent Ever in I Armed Forces? 1 Yes 2 XNo If Yes, Give Yeer or Dates:			.042 Hispanic Origin? (Siben, Mexicen, Puerl Specify:	Specify Yes or No to Ricen, etc.)	- 14. Race	ed States e - American Indian, ek, White, etc. White
21215-0020	iene.	Completed	15. Decedent's Educe (Specify only highest grade of Elementary/Secondary (0-12)	conpleted) College (1-4or 5+)	(Give life. D	ent's Usual Occ kind of work don OO NOT use retii	upation e during most of wor ed)	rking	16b. Kind of Bu	usiness/industry
Maryland	S d a b	To Be C	17. Father's Name (First, Middle, Last) Walter Suter				Minnie	me (First, Middle, e Lee Tho	orpe	
	d S L		19a. Informant's Name/Relationship (Type Mrs. Lee Widhelm/Da 20a. Method of Disposition	ughter	9004	Manorda	et end Number or Ru le Lane E		City, M	
Baltimore,	it. Pages rtment of rtant: If I	E	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee	novel from State	cemetery, crem	atory or other p	metery 1			ore, Maryland
Ä	Depa Impo any li poce		23e. Part 1. Enter the discusse, or complica shock, or heart failure. List only one	Locurer tions that caused the dead cause on each line.	_ 41	12 Old	Witzke Fu Columbia ying, such as cerdiad	Pike Ell	Licott C	Approximete Interval Between
9	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	NEW his	or as a consequ	Tecky uence of):	cardet			Solders.
c 68760,	ortificate be executed ing physician end as the buriet-transit	Medical Examiner	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	Renal /o	or es a consequ	uence of):				deys
P.O. Box	that the death cert ed by the attending detached for use a	Physician/M	Part II. Other eignificant conditions contrib	outing to death but not re-	sulting In the un	derlying ceuse g	iven in Part I.			ntribute to the cause of death?
ords,	v requiras been sign should be	Completed by P			-			24a. Was	an autopsy med?	Probably 4 Unknown 24b. Were autopsy findings available prior to completion of ceuse of death?
=	The ate h	Be Com	25. Was cese referred to medical				26 Place of Dea	1 🗆 Y	-	1 ☐ Yes 2 ☐ No
		Certification: To B	examiner? 1 Yes 2 No Hos 27. Manner of Death	pital: Hapatient 2 [28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inje	ther: 4 Nursing H	lome 5 Resid		
Division	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director. After th completely filled in by the funeral		4 ☐ Homicide 29a. Certifier 12 Certifying Physician	28e. Place of Injury - At h building, etc. (Speci	fy)	occurred at the t	ime, date and place	City or Tow	m, State)	er or Rural Route Number,
	To the Hospital or A within 24 hours after To the Funeral Director Completely filled in b		29b. Signature and tile of certifier	On the basis of examina and manner stated.	ation and/or inve	29c. Licen	opinion, death occu	rred at the time,	date and place, a	Ind due to the ceuse(s) (Month, Day, Year)
	Star Registr	te	30. Name and address of person who comp	JZ. Neustars along	m 23a) (Type, P	THE PAT	exest Park	my , C.	co Cembis	me 21000

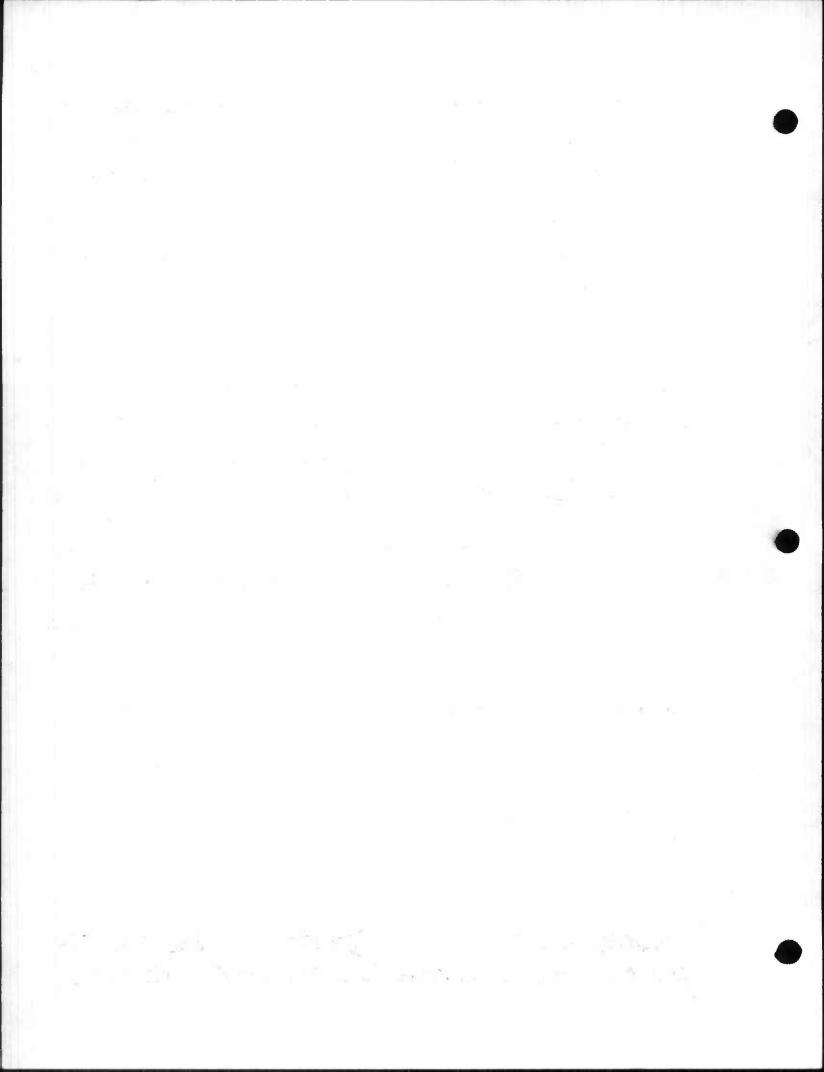
State of Maryland / Department of Health and Mental Hygiene

40665 Certificate of Death 1. Dacedent's Name (First, Middle, Last) 2. Data of Death **Physician** Month SYLVIA DEC SILTANEN 0100 22 /Medicai 4a. Facility Name (If not Institution, giva straet and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Howard County General Hospital Columbia Howard 7. Aga (In yrs. last birthday) 82 vre If Under 1 Yaar If Undar 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) 9. Birthplace (Stata or Foraign Country) **Funeral** Months Days Hours 1□ M 2⊠ F 373-03-0907 Yrs Director Nov 21, 1914 Minnesota Usual Residenca of Decedent the Maryland 10a. Stata 10b. County permit. Pages 1 and 2 should be filed within 72 hours after death with the Manylan Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show any Injury or other traumatic event, the Medical Examinet mast be notified at 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Directo Maryland Howard Ellicott City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2416 Hannon Court 21042 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Giva Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No PV Specify 3 Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Elias Ranta Mary 2 Halonen 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Dennis Siltanen/Son 2416 Hannon Court Ellicott City, Maryland 20b. Ptaca of Disposition (Nama of cemetery, crematory or other place) 20a. Mathod of Disposition Date 20c. Location - City or Town, State 1 XBurial 2 ☐ Cremation 3X Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Maple Grove Township Cem. 12-28-96 Kaleva, Michigan 21. Signature of Funeral Servica Licansae 22. Name and Address of Facility
Harry H. Witzke Funeral Home, Inc. Shoma 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Part1. Enter the disaase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death Physician /Medical Immediata Cause (Final disease or condition resulting in death) Examiner Examiner CBSTAUCTON Corona TENTOVITA buriel-transit Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that Initiated events rasulting in death) Last Due to (or as a consequence of) pue physician s the buriel EMENTIA Box 68760 that the death certificate be Physiclan/Medical Dua to (or as a consequance of): 88 950 ō Part it, Other eignificant conditions contributing to death but not resulting in the underlying causa given in Part I. 0 23b. Did tobacco use contribute to the cause of death? the 2 م - DISTANTS 1 Yes 2 No 3 Probably 4 Unknown VETIBLE signed t Records, by 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? peed pege 2 22 No certificate 1 Yes 1 Yes 2 No Division of Vital the Hospital or Attending Physician: director Be 25. Was case referred to medical 26. Place of Death (Check only one) 2 Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yes 2 No Inpatient 2 ER/Outpatient 3 DOA funeral 28a. Data of Injury (Month, Day Year) Certification: 27. Manner of Death 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? After 5 Pending 1 Natural after death.

Director: Aft
d in by the fur 1 ☐ Yes 2 ☐ No 2 Accident Investigation 8 Could not ba datermined 3 Suicide 28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my optnion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian Medical (Check only one) 29d. Date signed (Month, Day, Year) on who complated cause of death (Itam 23a) (Type, Print) 13 Eurosy 31. Date filed (Month, Day, Year) 32. Registrar's Signature State DEC 23 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 40666 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Year OLLIE SWANNI 17.03pm DECEMBER 24-1996 /Medicai 4e. Feclilty Neme (If not institution, give streat end number) 4b. City, Town, or Location of Deeth **Examiner** 4c. County of Deeth SouTHERN CHINTON HOSPITAL CANNIUM

Jast birthday) It Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth

(Month, Dey, Year) MARY/AND PLINCE GRONGES 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) Funerai 1 XM 2□ F Director 213-14-3580 AUG. 25, 1908 MARYLAND Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City. Town or Location r than "naturel", or items 23s or 28s-f show the Medical Examiner must be nutitled at 10d. Inside City Limits Director 1 ☐ Yes 2 ☒ No MARYLAND CHARLES CHICAMUXEN 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ROUTE 224 6035 CHICAMUXEN ROAD Funerai 20640 UNITED STATES 12. Wes Decedent Ever in U,S. 11. Maritei Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. Armed Forces Peges 1 and 2 should be filed within 72 hours efter 1 Never Merried 2 Married 1 Yes 2 No If Yes, Give Yeer or Dates: altimore, Maryland 21215-0020 1 ☐ Yes 2 ☒No Specify: þ Specify: 3 Widowed 4 Divorced BLACK "naturel". Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Hygiene. Elementery/Secondery (0-12) Collage (1-4or 5+) FIRST other POWER ATTENDANT GOVERNMENT 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) 30 and Mental I FRANK SWANN MARY ELLEN (WARD) SWANN 2 19e. Informant's Neme/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Health item 27 STERLING SWANN / SON 3925 CINDY COURT INDIAN HEAD, MARYLAND 20640 20e. Method of Disposition 20b. Place of Disposition (Neme of 20c. Location - City or Town, State Depertment of H Important: If its any injury or of once. cemetery, cramatory or other pleca) 1 ☑ Burlei 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) PLEASANT GROVE CEMETERY 12/28/96 MARBURY, MARYLAND 22. Name end Address of Fecility 21. Signature of Funerel Service Licensee duan THORNTON FUNERAL HOME, P.A. LEON THORNTON 3439 LIVINGSTON ROAD INDIAN HEAD, MD 20640 23e. Pert1. Enter the disease, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** ACUTE MYOCARDIAC INFARCTION & meets Immediete Ceusa (Finel diseese or condition resulting in deeth) /Medical Examiner Dua to (or es a consequence of):

A THEROSCLEROTCC HEART DISEASE deeth certificate be executed bunial-trans Sequentielly list conditions, if eny, laading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest PINFETES MELLITHS P.O. Box 68760. physician Physician/Medical ettending p Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ENCEPHACO PATA 1 Yes 2 No 3 Probably 4 Unknown ANDTIC HEPPTIC PAICURE HYPORTENTIVE HEART ONSEASE CONGESTIVE HOD-Records, 2 24b. Were autopsy findings evaileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? aw certificata has The 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica complately filled in by the funeral director, I 25. Wes casa referred to medical examiner?

1 Yes 2 No 26. Place of Death (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatlent 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 27. Manna of Death 28a. Deta of Injury (Month, Day Year) 28b. Tima of Injury 28c. Injury at Work? Certification: 28d. Dascribe how injury occurred 5 Pending investigetion 1 Natural 1 Yas 2 No 2 Accident 6 Could not be determined 3 Suicide 28a. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide to Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and piece, end due to the ceuse(s) and menner as steted.

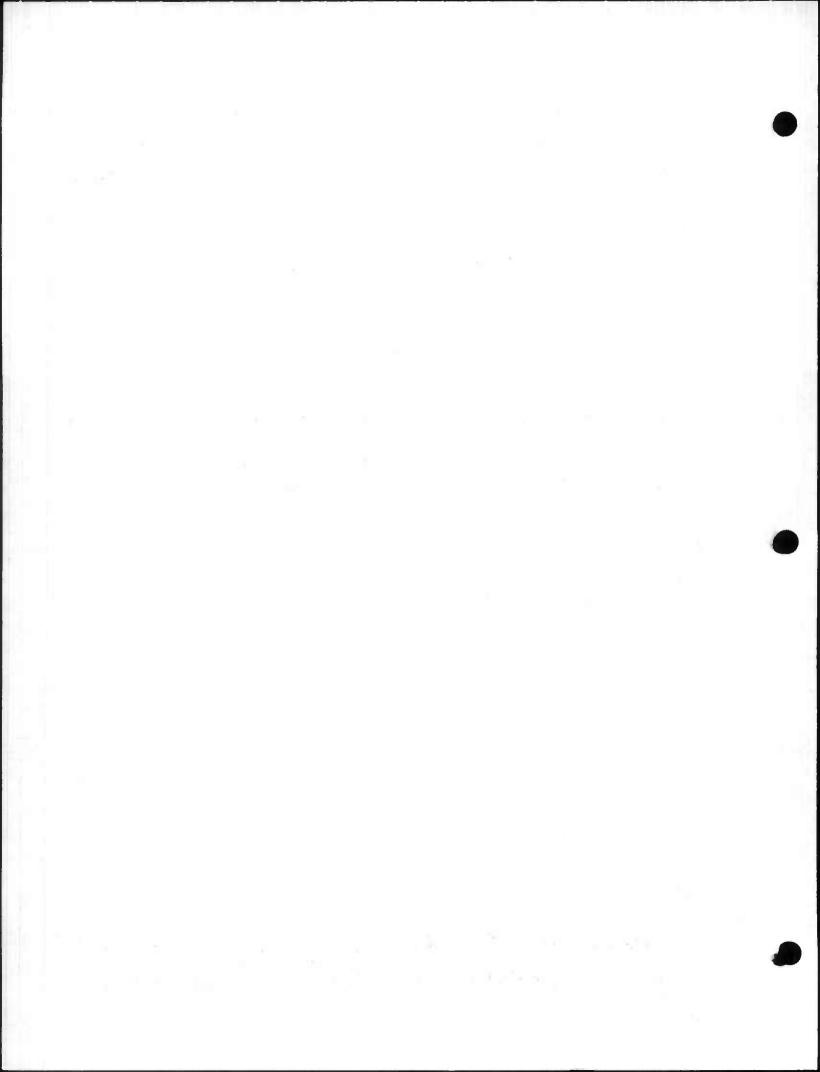
| Description of the deeth occurred at the time, date and piece, and due to the cause(s) end mennar steted. 29a. Certifiar Medical (Check only one) 29c. License number 29b. Signeture end title of certifier 29d. Dete signed (Month, Dey, Year) 200 30. Name and eddress of person who complated cause of daeth (Itam 23a) (Type, Print) DAN/20
7700 DLP BLANCH ALC , CLINTON

State Registrar 31. Dete tiled (Month, Day, Year)

DEC 2 7 1990

32. Registrer's Signature

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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			31. Date filed (Month, Day, Yaar)	32. Registrer	s Signatura	3				•

State of Maryland / Department of Health and Mental Hygiene

40668

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Ralph November 28, 1996 Sigler 11:10 P.M. /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Leonarucous.

| Hunder 1 Yaar | Hundar 24 Hrs. | 8. Date of Birth (Month, Pey, Year) | 3 Unit | 1, 1924 St. Mary's Hospital St. Mary's 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (Stata or Foreign Country) **Funeral** Montha 1₩ 2□ F 215-18-1269 Yrs 72 Director Maryland Laural Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Nems 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be nontrained. 10a. State 10b. County 10c. City, Town or Location 10d. inaide City Limits 1 ☐ Yes 2 XNo Director Maryland St. Mary's Mechanicsville 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Coda 29945 Therese Circle 20659 United States Funeral 12. Was Decedent Ever in U.S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-it Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marltal Status Black, White, etc. 1 X Yas 2 No
If Yes, Give
Year or Dates: 1943–1945 1 ☐ Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify by Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highast grade completed) 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Civil Servant U.S. Postal Service 12 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Charles I. Sigler Pearl E. Durbin 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 29945 Therese Circle, Mechanicsville, MD 20659 Donna J. Sigler Daughter 20b. Piace of Disposition (Name of camatery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Buriai 2 🖾 Cremation 3 ☐ Removal from State Metropolitan Crematory 11/29/96 Alexandria, Virginia 4 □ Donation 5 □ Other (Specify) 21. Signature of Puperal Service License 22. Name and Address of Facility Œ. Brinsfield Funeral Home, P.A. P.O. Box 279, Leonardtown, Maryland Brinsfield, Jr. Edward N. M00052 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** OCAR dIAL ENGAR TION immediate Cause (Final disease or condition resulting in deeth) /Medical 50-c Examiner Due to (or es e consequence ot) Physician/Medical Examiner g physician and as the burial-transit the death certificate be executed Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury Due to (or as a consequenca ot) P.O. Box 68760, that initiated events resulting in death) Last Dua to (or as a consequenca of) USB signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probebly 4 ☐ Unknown Division of Vital Records, þ 24a. Was an autopsy performed? 24b. Were autopsy tindinga available prior to completion of cause of death? Completed page 2 s certificate has 20 No 1 ☐ Yes 1 | Yes 2 | No Hospital or Attending Physician: 25. Was casa reterred to medical examiner? 28. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of injury (Month, Dey Year) uneral 27. Menner of Death Certification: 28c. injury at Work? 28d. Dascribe how injury occurred Aftert 1 Naturai 5 Pending investigation death. 1 Yea 2 No 2 Accident after death Director: 6 ☐ Could not be 3 ☐ Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) 4 Homicide within 24 hours a To the Funeral C completely filled Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and mannar stated. 29a. Certifiar (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 114285

Leonardtown, Maryland 20650

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

1996

32. Registrar's Signature

Julia Davidson Rardall

William Boyd II, M.D.

31. Date tiled (Month, Dey, Year)

DEC

DHMH 16 Rev 6/95

State

Registrar

96-6798-510 **CMK** UNK. #96-275

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96 40669

Certificate	of	Death
Certificate	UI	Dealli

Physicia /Medica **Examine**

Funeral Director

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the attending physician end Division of Vital Records, P.O. Box 68760,

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dress of person who completed cause of death (Item 23e) (Type, Print) State Registrar

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10 Decedent	10XM 2□ F	23	Yrs.	Moi	nths De	ys	Hours	Min.	(Month, De August 2	y, Year) 20, 1973	Mar	placa (Stata or Foraig intry) yland
		10c. City	y, Town or L	ocation	1	-						10d. inside City Limits
St. Mar	y's		Mechai	nic	svi l l	e						1 ☐ Yes 2 🖾 No
per				10	f. Zip Code	9				10g. Citizen of	Whet Cou	intry?
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	1 ☐ Yes 2 🔀 If Yes, Give							, Puarto	Rican, etc.)		fy:	
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varey							Me:	lba	Edge11			
e/Relationship (Type, Print)											
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to medical											1)	Yes 2□No
	Hospital:						6. Place	of Death	(Check only o	na)		TATT
	1 L Inpatie				DOA							
5 Pending	(Month, Da	Year)	28b. Time of Injury	f	28c. In	ury at	t	2	28d. Describe h	now Injury occu	rred	CELL
Investigation	11.29.	96	YNN	M		☐ Yas		lo 1	HANGE	8	ac	
	0			eet, fa	ctory, offic	а			28f. Location (5	Straat and Num		el Routa Number
Could not be determined	20e. Placa of inti	TY ALTIO	ing tourns ou									ar rivate rivarious,
Could not be determined	28e. Placa of Inju- building, etc	(Spacify)	· Mu						City or Tou	en, Stata) E. MAS		
	St. Mar Der Top Sch 2 Married Divorced 5. Decadent's E only highast gr dary (0-12) irst, Middla, Last Warey sition Cremation 3 D Other (Spacial oral Sarvice Licer arch Marey intions, ediete ling ury st I to medical	St. Mary's Der Top School Road 12. Was Decedent Armed Forces? 1 Yes 2 2 1 Yes 2 1 Yes 2 1 Yes 2 1 Yes 2 1 Yes 2 1 Yes 2 1 Yes 2 1 Yes 2 1 Yes 2 1 Yes 1	St. Mary's Deer Top School Road 12. Was Decedent Ever in Under Armed Forces? 1 Yes 2 3 No it fyes, Give year or Dates: 5. Decadent's Education only highast grada complated) dary (0-12) College (1-4or 5+) irst, Middla, Last) Warey Father Sition Cremation 3 Removal from State Chimal of the control of the cont	St. Mary's Mechan St. Mary's Mechan Top School Road 12. Was Decedent Ever in U.S. Armed Forces? 1	St. Mary's Mechanics St. Mary's Mechanics Top School Road 12. Was Decedent Ever in U.S. Armed Forces? 1.2 Was Decedent Ever in U.S. Armed Forces? 1.3 Was Decedent Ever in U.S. Armed Forces? 1.4 Was Decedent Ever in U.S. Armed Forces? 1.5 Was Decedent Ever in U.S. Armed Forces? 1.5 Was Decedent Ever in U.S. Armed Forces? 1.5 Was Decedent's Education 1.5 Was Decedent's Education 1.5 Was Decedent's Education 1.5 Was Decedent's Education 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car Strict. Middla, Lest) 1.5 Was Decedent's (Giva kind childe. Do No. Car S	St. Mary's Mechanicsvill Top School Road 2065 Top School Road 2065 It Was Decedent Ever in U.S. Armed Forces? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	St. Mary's Mechanicsville Mechanicsville Top School Road 10. City, Town or Location Mechanicsville 10. Zip Code 20659 12. Was Decedent Ever in U.S. Armed Forces? 1 Yes 2 No	St. Mary's Mechanicsville Top School Road 12. Was Decedent Ever in U.S. Armed Forces? 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 2 3 No 1 1/9 s 2 3 No 1/9 s 2 No	10c. City, Town or Location St. Mary's Mechanicsville	St. Mary's Mechanicsville	10c. County St. Mary's Mechanicsville 10d. Zip Code 20659 United 10d. Zip Code 20659 United 10d. Zip Code 20659 United 10d. Zip Code 20659 United United 20659 United United 20659 United 20659 United 20659 United United United United United United United United United United United United United United United United	10c. Cluy, Town or Location Mechanics

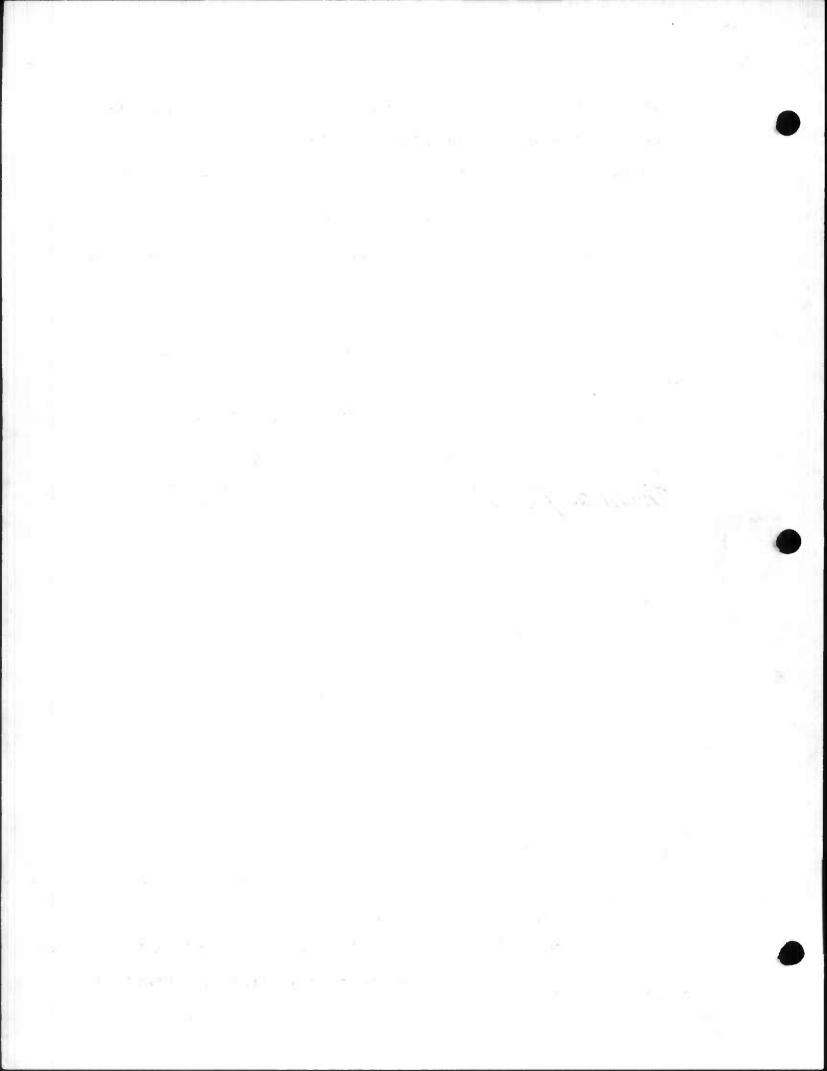
29c. Licanse number 29d. Date signed (Month, Day, Year)

O.C.M.E.

NOVEMBER 30, 1996

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signatura

Jelia Davelson-Rardall



State of Maryland / Department of Health and Mental Hygiene	0	10	
Certificate of Death Reg. No.		96	

				State o	f Maryla					ealth a Death	and Me	ental Hy	ygiene Reg. No		96	40670
		1. Decedent's Neme (First, Midd	lle, Les	st)							2	2. Dete of D	eeth			3. Time of Deeth
Physici /Medi Examir	al	WANDA 4e. Fecility Neme (If not institution	on, give	D e street end nu				SOME		ILLE b. City, Tov	No. or Loca	Month OVEME	De BER th 40	21,	1996 of Deeth	11:46A.
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,Funeral Director		5. Sociel Security Number 212-02-9016	6. S		7. Age (In yr 30			Under 1 Yonths D		if Under 2 Hours	24 Hrs. A	Dete of Bi (Month, D arch 20	irth		9. Birthpled Country Balt:	COUNTS e (Stete or Foreign more
D		Usuel Residence of Decedent													5426.	
death with the Maryland ms 23a or 28a-f show	ctor	Maryland St.		ry's	10c. (or Locati vevi]								10d.	inside City Limits 1 Yes 2 No
or 28	Director	10e. Street and Number					T.	Of. Zip Co	de	-			10g. Ci	tizen of	What Country	?
23a c	aip	Route 2, Box 16	50					206	56				Uı	nite	d Stat	es
or its	by Funeral	11. Maritel Status 1 Never Married 2 Mar 3 Widowed 4 Divorced		12. Wes Dece Armed Fo 1 Tyes If Yes, Giv Yeer or De	rces? 2(3) No	U,S.		Decedent s, specify Yes 2 🔀			gin? (Speci , Puerto Ri	fy Yes or Nocan, etc.)	0-		ce - American ck, White, etc	
"natural",		15. Deceder	nt's Ed			16a	Decedent	's Usuei O	ccuns	tion			18b K	and of B	usiness/Indus	
c = 2	Completed	(Specify only higher Elementary/Secondary (0-12) 1 2			-4or 5+)		(Give kind life. DO ecret	f of work d NOT use n	one d etired)	uring most	of working			Leri		ary .
z should be nied v and Mental Hygie is marked other i raumatic event, tr	Be	17. Fether's Neme (First, Middle,	Last)							18. Mother	's Neme (i	First, Middle	, Meider	Suman	ne)	
nd Mental Hygi merked other imetic event, t	To	James T. Somery	il	Le						Val	eria	0cea	King	3		
and h	_	19e. informant's Neme/Relations	ship (7	ype, Print)		19b.	Meiling A	ddress (Si	reet e	nd Number	r or Rural I	Route Numb	ber, City	or Town,	Stete, Zip Co	ode)
Health a 27 ls		James T. Somerv	/il]	Le	Father	R	oute	2, B	ХC	160,	Lovey	ville,	Mar	yla	nd 206	56
Department of Health and Mental Hygiene. Important: If item 27 is marked other than any Injury or other traumetic event, ma Monce.		20e. Method of Disposition 1 ⊠ Buriel 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (S			Stete	cemeter	, cremeto	n (Neme or ry or other moria	plece		11-26	Date			City or Town	, Stete Maryland
Depart Depart Import any In		21. Signal Fundred Swigor 23a. Pert1. Enter the disease, or shock, or heert failure. List	rit	ns the 1 d	Jr.	M0005	52	P.O.	Box	279	, Leo		e, P	.A.	yland	
Physician /Medical Examiner		immediate Cause (Finel disease or condition resulting in death)	only c		epsis										Int	erval Between nset end Deeth
	ē			F			onsequen	ca of):	- [1.						
ansit	Examiner			b	Dacter		tn	doca	الما	Litis						
n an	Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury			Due to	(or es e c	onsequen	Ce OI):								
hysician and the burial-transit	dicai	Ceuse (Disease or Injury that initiated events resulting in deeth) Lest		c	Due to	or es e co	onsequen	ce of):								
ding i	Physician/Me		L	d											İ	
y the atter	sici	Pert II. Other significant condition	ons co	ntributing to de	ath but not re	sulting In	the under	lying cause	e give	n in Part i.		23b. Did	tobacco	use co	ntribute to th	e cause of death?
igned by the be detached	by Phy											10	Yes 2	.□ No	3 Probab	ly 4 \Unknow
s been s 2 should	Completed t											24e. Was	s an auto ormed?	psy	eveile	autopsy findings bie prior to etion of cause th?
De ate												1 💢	Yes 2	□No	XXY	es 2 No
certificate irector, peg	Be	25. Wes case referred to medica exeminer?	-								of Deeth (Check only	one)			
this certific ral director,	ဥ	XX es 2 No				J¥R/Out		DOA	Othe	4 U Nur	sing Home	5 Resi	idenca	8 DOth	er (Specity)	
The	Certification:	27. Menner of Deeth 1 Neturei 5 Pendin 2 Accident investi 3 Suicide 6 Could	getion	28e. Dete o (Monti	f injury n, Dey Year)	28b. Ti	jury	28c.		et ? es 2 🗆 N	lo	d. Describe				
교하	Certifi	4 Homicide determ		28e. Piece buildin	of injury - At I g, etc. (Spec	home, fer	m, street,	fectory, off	ice		281	. Location (City or To			per or Rural Ro	oute Number,
n 24 hours a n 24 hours a ne Funeral D bletely filled	edicai	29e. Certifier 1 Certifyin (Check only one)	g Phy Exami	sician: To the liner: On the ba	sis of exemin	owledge, atlon end	death occ	urred et th gation, in r	e time	e, date end nion, death	plece, end	due to the et the time,	ceuse(s) date end	end me d place,	enner as state and due to the	d. cause(s)

(b State Registrar

31. Dete filed (Month, Dey, Year)

29b. Signature end title of certifier

111 Penn Street, Baltimore, Maryland 21201 32. Begistrer's Signeture Julia Shurlan Rardall

30. Neme end eddress of person who completed cause of deeth (ttem 23e) (Type, Print)

29c. License number

O.C.M.E.

29d. Dete signed (Month, Dey, Year)

NOVEMBER 22, 1996

DENNIS J. CHUTE MD.

28a. Place of injury - At home, farm, street, factory, office building, atc. (Specify)

Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and piace, and due to tha cause(s) and manner as stated.

| Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and due to tha cause(s) and manner as stated.

rifiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated.

035375

29d. Date signed (Month, Day, Year)

56

29c. Licensa number

Division of Vital Records, P.O. Box 68760, Hospital To the Hosp within 24 hou To the Fune completely fi

> State Registrar

4 Homicide

(Check only

29b. Signeture end title of stirtifier

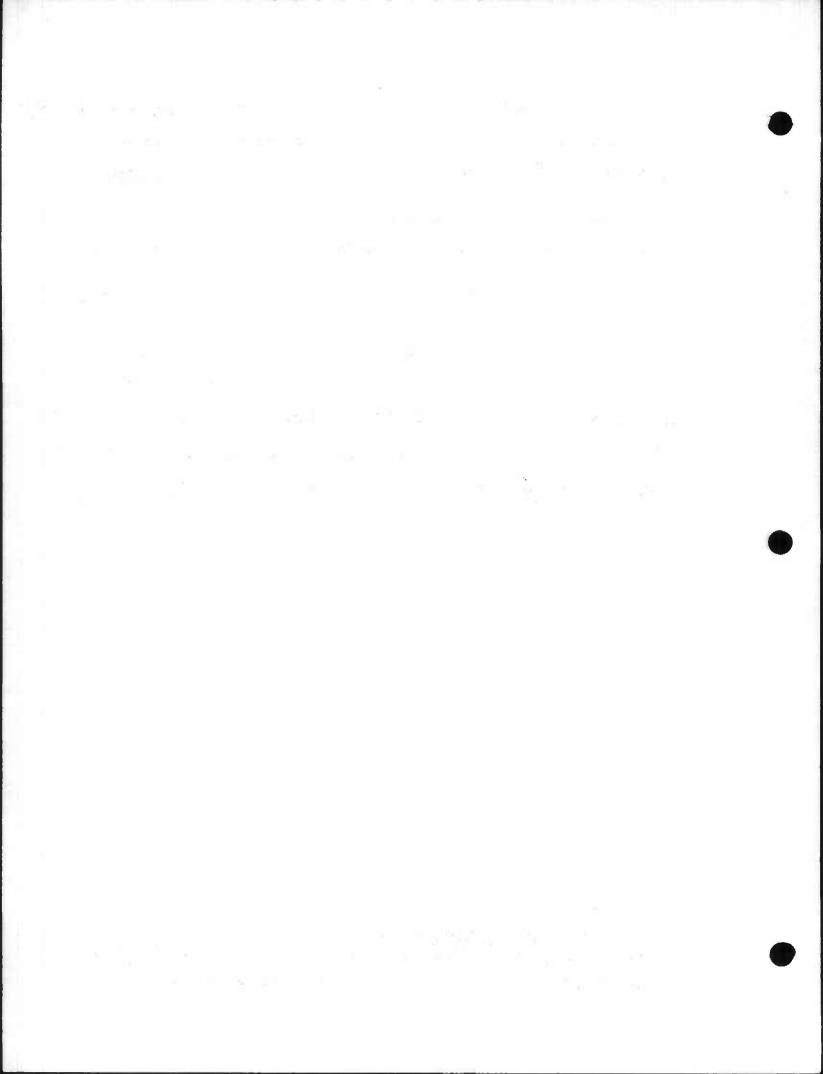
Dr. Geørge Leon, 2000 St. Thomas Dr., 32. Ragistrar's Signetura 31. Data filed (Month, Dey, Year) DEC 11

way and

30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate	of L	Death			Reg. No.			1 -
· ·	Physic /Medi	cal	Decedent's Nama (First, Middle, La Delmar (Control of the Control l		Smith			. 0		2. Date of De Month December	er 20	Year , 1996		e of Death	
	Exami	ner	4a. Facility Nama (If not institution, give		r)			4			cation of Deat		County of Death		
_			St. Mary's Hospi				If Under 1	Voor	Leon				St. Mary		
	Funeral Director	Г	5. Social Security Number 6. S 430-50-0009 Usual Residence of Decedent	Sex 7. A 120 M 2□ F	Aga (In yrs. las	Yrs.		Deys	If Undar	Min.	8. Date of Bi (Month, De April	13,	9. Birthr Cour 192 Ark ar	place (Ste ntry) 1535	ta or Foreign
	land Mark		10a. State 10b. County		10c. City,	Town or Loc	ation							IOd. Inside	e City Llmits
	72 hours efter death with the Maryland natural, or Hems 23a or 28a-f show deal Examiner must be notified at	ector	Maryland St. Mary	y's	Call	Laway	10f, Zip (Codo				10a Citiza	en of What Cour		res 210 No
	s 23a or	Funeral Director	45214 Take It Eas	_			2062	20				U.	S.A.		
_	ter de hem	in in	11. Marital Status 1 □ Nevar Married 2 ☑ Married	12. Was Deceden Armed Forcas 1 Yes 2	?	13. W	Yes, specif	fy Cuba	n, Mexican	gin? (Spe i, Puerto	ecify Yes or No Rican, atc.)	0- 14	 Race - Americ Black, Whita, 		1,
21215-0020	72 hours eff "natural", or	þ	3 Widowed 4 Divorced	If Yes, Give Yaar or Detes	:		☐ Yas 2		Specify:					ite	
15-		lete	15. Decedant's Ed (Specify only highest gre	ducation ade <i>completed)</i>		16a. Deceda	ant's Usual kind of work O NOT use	Occupa done d	ation <i>furing m</i> ost	t of worki	ing	16b. Kin	d of Business/In-	dustry	
12	filed within Hygiene. ther then "	Completed	Elementary/Secondary (0-12) 9th Grade	College (1-4or	r 5+)	Carpe		e retirea,	,			Con	structi	on	
	should be filed within and Mental Hygiene. marked other than umatic event, the Mental Men	Be	17. Fathar's Name (First, Middle, Last, Allen		ell		nith		18. Mothe		(First, Middle	, Meiden S			
Maryland	C	To	19a. informant's Name/Relationship (Pearl S. Smith	Type, Print)	4								Town, State, Zip		0620
Baltimore,	permit. Pages 1 and 2 Department of Heelth Important: If Item 27 I any Injury or other tri once.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐		CON	oe of Dispos netery, crem rles N	etony or off	her plec) Garde	ens 1	Date .2/23/9		ation - City or To		
Baltir	permit. Page Department of Important: If any Injury or once.		4 Donation 5 Other (Specification of Funeral Service Licer		-								me, P.A		
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	Jardin	ner	P.	O. Bo	ox 2	70, I	Leona	ardtown	, Mar	yland	2065	
ox 68760,	certificate be executed ding physician and ise as the burial-transit	VMedical Examiner	disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in death) Last	a. Acr	Due to (or a	s a consequ	Jance of:	ur.	Dis	ca	se			Minr	Tes
Bo		lan		•											
	that the death ed by the atte detached for	Physician	Part II. Other significant conditions of	ontributing to death	but not resulti	ng in tha un	darlying car	use give	n In Part I.		23b. Dfd	tobacco u	se contribute to	the cau	se of death?
s, P.O	es that the igned by be detact	by Ph				·					10	Yes 2	No 3□Pro	bably 4	Unknow
Records,	aw requir	Completed										an autops ormed?	av	era autop allable pri empletion death?	
	Pa de Pa	Con									10	Yes 2	1No 1	☐ Yes 2	2□ No
)	ysician: The	Be	25. Was case referred to medical examiner?							of Death	(Check only	one)			
n of Vital	Phys ral di	lon: To	1 Shes 2 No 27. Manner of Death 1 Shatural 5 □ Pending	Hospital: 1 Inpat	iury 2	NOutpatient Bb. Time of Injury	28	c. Injury Work	at c?	- 1	me 5 Res 28d. Describe		Other (Specificoccurred	y)	
Division	or Attendifier deet	Certification:	2 Accident Investigation 3 Suicida 6 Could not b 4 Homicida determined	e 28e. Place of Ir	njury - At hometc. (Specify)	e, farm, stre	M et, factory,		Yas 2□I			(Street end wn, Stete)	Number or Rura	al Routa N	lumber,
	To the Hospital within 24 hours of To the Funeral Completely filled	edical	29a. Cartifier (Check only one) 1 Certifying Ph 2 Medical Exam	ysician: To the basis niner: On the basis and mannar s	of exa <i>m</i> ination	edga, death n and/or Inve	occurred at estigation, i	t the tim	e, date and pinion, deat	d place, a	and dua to the ed at the time,	causa(s) a date and p	and manner as s place, and dua to	tated.	se(s)
	Within To th	Me	29b. Signature and title of certifier	1 4	fr. han	De.0	29c.	Licanse	number			29d. Date	signed (Month,	Dey, Yea	r)
			David (カルトラ	med.	45	D	125	523	0		12/	31/96	6	
			30. Name and address of person who	/	death (Itam 2	3a) (Typa, F		0 :				(10	1		
			David Allen, M.I					Cal:	iforn	ıa,	MD 200	619			
	Sta		31. Data filed (Month, Dey, Year)	82. Regist	traris Signatur	roball									



State of Maryland / Department of Health and Mental Hygiene 0.6

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	-		1. Decedant's Nama (First, Middle	, Last)						2. Data of D	eath		James .	3. Time of Deal	th
П	Physic		William Ea	arl So	mervi	ille				Month Decembe		ey 31. 1	Yeer 996	0330	
	/Medi Examir		4e. Fecility Nama (If not institution						4b. City, Town, o	or Location of Dea		c. County		4004	
1			Patuxent River	Naval Host	ital				Patuxen	t River		St	Mar	V ' S	
Н	Funeral		5. Social Security Number		ga (In yrs.	last birt	hday)	If Undar 1 Yaar	if Under 24 H		rth			oiace (Stete or For	raion
S.	Director		244-42-1883 Usuei Rasidance of Decedant	1⊠M 2□F	64	,	rs.	Months Deys	Hours M	in. (Month, D February	ay, Yea 7 7,	1932		Carolina	
	show	2	10a. State 10b. County		10c. Cit	ly, Towr	or Loc	cation						10d. insida City Lin	
	N of Page	act o	Maryland St. Mar	y's	Le	exing	ton								140
	5 6	5	10e. Street and Number					10f. Zip Code				Oltizen of \		•	
	ath v	rai	19099 Three Notch I					20653				nited			
0	72 hours effer death with the Maryland naturel; or items 23s or 28s-f show otes! Exercises must be notified at	/ Funeral Director	11. Meritet Stetus 1 ☐ Nevar Merried 2 ☑ Marri	12. Wes Decedan Armed Forces ed 1 X Yas 2 if Yas, Giva	?	,S.		Vas Decedent of Yes, specify Cut ☐ Yas 2 No		(Specify Yas or Narto Rican, atc.)	0-		ck, Whita,	can Indian, atc.	
8	ours	d by	3 Widowed 4 Divorced	Yeer or Datas	1954-	-						Specify	Bla	ck	
21215-0020	72 h netu	Completed	15. Decedant (Specify only highes	a Education t grada complatad)		16a.	Deced	ant's Usual Occu	pation I during most of we pd)	vorkina	16b.	Kind of B	usiness/In	dustry	
2	ithin	du	Elementary/Secondary (0-12)	Collage (1-4or	5+)		lifa. D	O NOT usa retire	9d)						
7	y or the	S	12				Mec	hanic	7		Aut	tomech	anic		
nd	a la la la la la la la la la la la la la	Be	17. Fathar'a Nama (First, Middla, I						18. Mothar's N	ema (First, Middle	, Maide	en Sumen	10)		
yla	Ment Went the street of the st	ို	William A. Somervil	Lle					Pattie	Powell					
Maryland	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "naturel", or itema 23a or 28a-f show any injury or other traumatic event, the Mexical Exercitive must be notified at once.		19a. Informant's Name/Ralationsh Mary Edith Somervi		fe					Aural Routa Numberington P				,	
re,	Hee tem othe		20a. Mathod of Disposition		20b. F	Place of	Dispos	sition (Nama of		Data	20c.	Location -	City or To	own, Stata	-
Baltimore,	age ant of t: # i		1 ☐ Buriei 2 ☐ Cramation 4 ☐ Donation 5 ☐ Othar (Sp		l l			atory or other ple	,	14. 107	AT-	ath Ca			
	it. P		21. Signature of Finiteral September	- ()	3110	M LITT	_	emetery Nama and Addr		/4/97	NOL	th Ca	LOTTUS		
Ba	Depa Impo any Ir		biward N. Brins	Bull	Done :		Br	insfield 1	Funeral Ho						
	o		23a. Part1. Entar tha disaasa, or ahock, or heert failura. List o		MOOO52 d the deat		ot anta	U. Box 27	9, Leonard	town, Mary	Land	20650)	Approximate	
			ahock, or heert failura. List o	only one cause on aach	ilna.			,		,				Approximate intarval Between Onset and Deeth	1
ì	Physician /Medical		immediata Causa (Finai	2	,		1.4	,	4			_		-2	
	Examiner		disease or condition resulting in death)	a Truh					20,46	LNIA	Re	1100		Sec	
		e e			Dua to (d	or as a c	onsequ	uếnce of):							
	pet her	듄		b				9		1.00			-		
	ifficate be executed g physician and as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immadiata causa. Enter Undarlying		Dua to (c	rasac	onsequ	Jence of):					1		
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587	rificate ng phys as the	edical	rasulting in death) Lest		Dua to (o	rasac	onsequ	iance of):					i		
-		100		d											
m	Attending Physician: The law requires that the death cer or death. ector: After this certificate has been signed by the attendin by the funeral director, page 2 should be detached for use	Physician/N											į		
o	the d	ysi	Part ii. Other aignificant condition	_					ivan in Part t.	23b. Did		M	ntribute t	o the cause of de	eth?
ď.	hat t		Canque	Zena He	and	-1	-4	lune		1 🗆	Yaa	2/0 No	3 Pro	bably 4 Unkr	nown
Division of Vital Records, P.O. Box	sign B De	i by	\ \	Tes M.								MENT OF	0.45 144		-
0	v require been si should	Completed	Aithe	Tes Ma	-CC.	Tu	2			24a. Was perf	ormed?		av	are autopay finding allable prior to empletion of cause	-
ec	law 188 b	ng u					-						of	death?	10.4
-	The ate t	Ö	(arm	u Ren	16	121	-16	URP		10	Yas	2□No	11	☐Yas 2☐ No	
<u> </u>	lan: etific etor,	Be	25. Was casa referred to medical axaminar?						26. Placa of D	eath (Check only	ona)				
_	Physics this ce	2	1 Yas 200 No	Hospitai: 1 ☐ inpat	ent 2.0	ER/Out	patient	3 DOA	har: 4 Nursing	Home 5 Ras	idence	6 Oth	ar (Spech	y)	
0	9 Ph		27. Manner of Death	28a. Date of inj (Month, Di	ury Veerl	28b. T	ima of	28c. inju	iry et	28d. Dascribe	how in	ury occur	red		
0	ath. r: Aff	Certification:	1 Naturai 5 Pending invastig		y / Ou//	_	- July		Yes 2 No	_	_				
SIN.	Atte or de by th	Fic.	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicida datamil	ned 288. Place of in	jury - At he	oma, far	m, atre	et, factory, office					er or Run	al Routa Number,	
ā	afe of or or or or or or or or or or or or or	en	4 Hollicida	building, a	tc. (Specif	<i>YI)</i>				City or To	WII, SIB	ra)			
	hours hours mera y fille		29a. Cartiflar Certifying	Physician: To the best	of my kno	wiedga,	daath	occurred at tha t	ima, data and pla	ce, and dua to tha	causa	(s) and ma	nnar as s	tated.	
	To the Hospital or Attending Physician: The law within 24 hours after death. To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2	edical	(Check only 62 Medicat E	xaminer: On the basis of and mannar s	of axamina	tion and	/or inva	astigation, in my	opinion, daath oc	curred at tha tima,	data a	nd piace,	and dua t	tha cause(s)	
	Within To th	Me	29b. Storature and titla of certifle	2				29c. Licen	sa number		29d. D	ate signe	d (Month,	Day, Year)	
			1 /m	Ans the				A.	Va		1)	21-	6	
			30. Nama and addrass of person w	the completed cause of	death /item	0201	Tune F	Print)	1685			6-	51-	960,	
10	011		William Boyd II.		ouaui (iidii				aryland 20	650					
	Sta	to	31. Date filed (Month, Day, Year)		rar's Signa										
	Sta Registr		DEC 31	32. Ragist	Dave	dun-	Kard	all							
Die			חדר סיי	- 1004	4.										

DHMH 16 Rav 6/95

29d. Dete signed (Month, Day, Year)

December 24, 1996

D34652

2 NORTH AVE. BELAIR MD

State Registrar (Check only one)

29b. Signeture and title of certifier

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

HASWELL

1995 32. Registrar's Stonetific Rendall

within 2 a ta

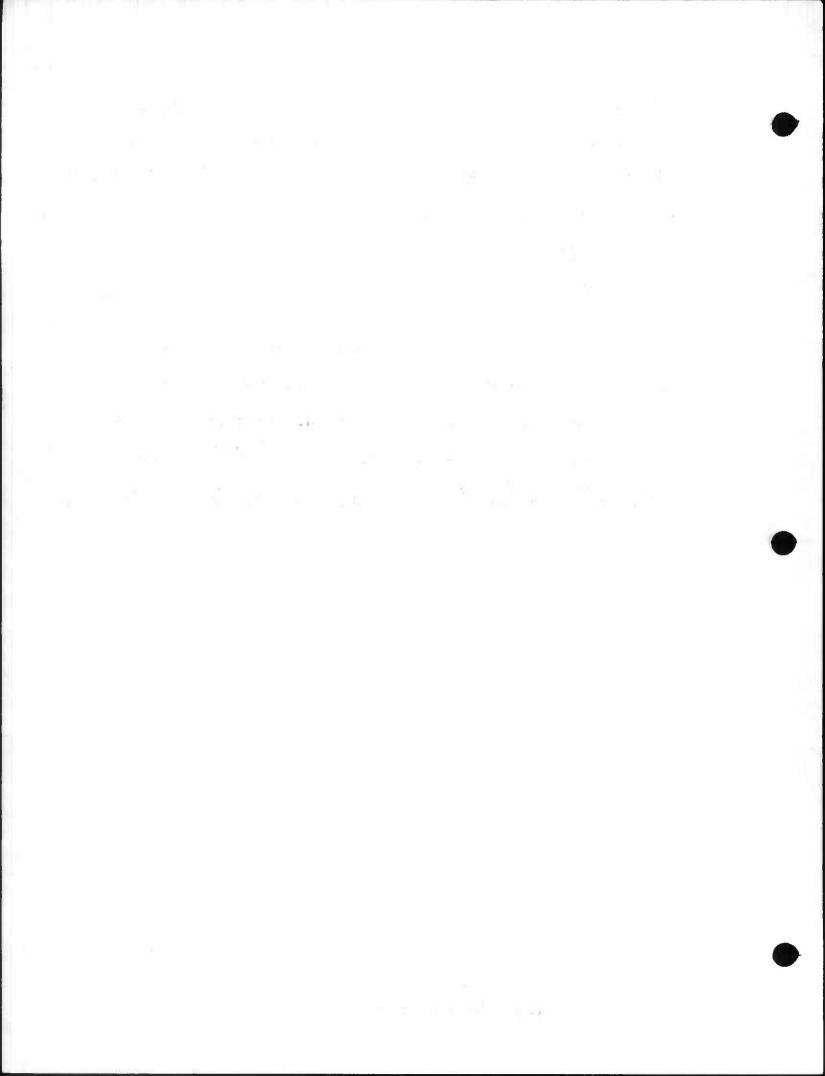
No. 1

s after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should this the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			NTAL HYGIENI REG. NO.	E	40010
1	1. DECEDENT'S NAME (First, Middle, Last)	1 8			2.	DATE OF DEATH		3. TIME OF DEATH
1		enry 5	tiles			i2 19		96 230 PM
	4. SOCIAL SECURITY NUMBER	- 11		UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	I.	BIRTHPLACE (State or Foreign Country)
	189-18-7599 9e. FACILITY NAME (If not institution, give st		98 YRS.		Ji	ıly 6, 18	98 Pe	ennsylvania
DIRECTOR	Genesis Elder Care			Parkvi	ILLE		Balt:	
H	10a, STATE 10b, COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Ha	rford	Bel	Air				1 X YES 2 □ NO
FUNERAL	505 Vale Road			101	21014			OF WHAT COUNTRY?
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 X YES	2 NO	If yes, spe	ENOENT OF HISPANIC O		or No— 14.	RACE — American Indian, Black, White, atc.
ВҰ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2 NO Specify:			Specify: White
G	15. DECEDENT'S EDUC (Specify only highest grade	CATION	180. OECEDENT'S USL	JAL OCCUPATION	ON	16b. KINO OF BUS	INESS/INDUST	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re-	done during mo: tired.)	st of working	200000000000000000000000000000000000000		
COMPLET	8		Inspecto	r (Mate	erials)	U.S. Ar	my End	gineers
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (1 - 1 - 1	
BE	George Pressler 190. INFORMANT'S NAME (Type/Print)	Stiles			Elizabet			
2	George J. Stiles				nd Number or Rural Route			
	20e. METHOD OF DISPOSITION	200	PLACE AND OATE OF D		Bel Air,			or Town, State
	1 Buriel 2 Cremetion 3 Remo	oval from State cam	elery, crematory or other LAIT Memo	orial (Erdns. 12	-23-96		Air, MD
	21. SIGNATHME OF FUNERAL SERVICE LIG			22. NAME AN	O ACCRESS OF FACILIT	v		
	1 H 11	M	1-1		a K. McComa Cokesbury 1			Home, P.A.
	23. PART I. Enter the diecases, or o	omplications that caused	the death. Do not	enter the mo	de of dving, such as	cardiac or reanin	gaon,	MD 21009
-	shock, or heart fellure. IMMEDIATE CAUSE (Final	List only one cause on a	ach line.		,,,,,,	out and of the pit	otory arreat	Interval Between Onset and Death
	disease or condition resulting in death)	Pau	more					1 44
	readiting in date(ii)	OUE TO (OR AS A	CONSEQUENCE OF):	-				7
Z	Sequentially list conditions,	C. Hranic	08 8 mch	· Su	drung D	som		795
AŢĬ	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):	· to	2- T			
FIC	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):		1/8 1			y M
CERTIFICATION	resulting in death) LAST	Carony	CONSEQUENCE OF):	011	res			73
	PART II Other elemiticant condition							
CAL	PART II. Other algnificant conditions	PART /	ut not reaulting in the	he underlying	cause given in Part	I. 24a. WAS AN A PERFORM		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă		1 New 1	1 chipme	V ATC	when the form	1 - YES 2	Мио	OF GEATH?
Σ	DID TOBACCO USE CONTR	PIRLITE TO CALISE O	E DEATH VEC	NO [LINICEDTAIN	-		1 TYES 2 M NO
		CIDOIL TO CAUSE O			UNCERIAIN L			
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATH (C			-		
SICIAN:		HOSPITAL:		THER:	5 ☐ Residence 8 ☐	Other (Conclu)		
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp 28e. OATE OF INJURY	atlant 3 DOA 4	F 28c. INJU		Other (Specify)	JURY OCCUR	EO
3Y PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending	HOSPITAL: 1 Inpetient 2 ER/Outp	atlent 3 DOA 4	F 28c. INJU	JRY AT 28d		JURY OCCUR	EO
B	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending Investigation 3 Suicide a Could not be	HOSPITAL: 1 Inpetient 2 ER/Outp 28e. OATE OF INJURY	atient 3 DOA 4	F 28c, INJU WOI	JRY AT RK? ES 2 NO	LOCATION (Street or		
B	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation 2 Accident Investigation 3 Suicide a Could not be determined	HOSPITAL: 1 Inpatient 2 ER/Outp 28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	atient 3 DOA 4	F 28c, INJU WOI	JRY AT RK? ES 2 NO	I. OEŞCRIBE HOW IN		
B	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 8 Pending Investigation 2 Accident Investigation 3 Suicide a Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYINO PHYSIC	HOSPITAL: 1 Inpatient 2 ER/Outp 28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	atient 3 DOA 4 DOA	FHER: Nursing Home F 28c. INJU WOI 1 Y t, fectory, office	URY AT RK? ES 2 NO 28f. end place, end due to th	LOCATION (Street en City or Town, State)	nd Number or R	tural Route Number,
COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 8 Pending Investigation 2 Accident Investigation 3 Suicide a Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYINO PHYSIC	HOSPITAL: Inpetient 2 ER/Outp 26e. QATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spec	atient 3 DOA 4 DOA	FHER: Nursing Home F 28c. INJU WOI 1 Y t, fectory, office	URY AT RK? ES 2 NO 28f. end place, end due to the path occured at the time. 29c. LICENSE NUMBER	LOCATION (Street er City or Town, State)	nd Number or R	Bural Route Number, suse(s) end manner es stated.
BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 8 Pending Investigation 3 Suicide a Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: Inpatient 2 ER/Outp 28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spec	atlent 3 DOA 4) 29b. TIME OF INJURY — At home, ferm, stree edge, death occurred at a end/or investigation, in	FHER: Nursing Home F 28c. INJ M 1 Y R, fectory, office t the time, date in my opinion, de	JRY AT RK? ES 2 NO 28f. end place, end due to the eath occured at the time.	LOCATION (Street er City or Town, State)	nd Number or R	Bural Route Number, suse(s) end manner es stated.
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State of Maryland / Department of Health and Mental Hygiene 96 40676

						Ce	rtificat	e of	Death		F	leg. No.		700	, , ,
П			1. Decedant's Nama (First, Mide								2. Data of Dea Month		Vana	3. Tim	of Death
	Physici /Medic		FAYE ANITA	SCRIVNOR							Dec.	31, 19	996	3:4	5 PM
)	Examir		4a. Facility Nama (If not institution	on, giva street and n	umber)				4b. City, To	wn, or Lo	ocation of Death		ty of Death		
1			110 Dairy	Road					Park	ton		Ва	ltime	ore	
Г	Funeral		5. Social Security Number	8. Sax	7. Aga (h	n yrs. last birthday	If Undar	1 Yaar Days		24 Hrs. Min.	8. Data of Birth	Vaarl	9. Birth	placa (Stat	a or Foraign
į.	Director		214-38-5722	1□M 2XF	58	Yrs.	WORKING	Days	riours	IAtel 1.	8. Data of Birth (Month, Day OCt 15	, 1938	Ma	ryla:	nd
	pu ,		Usual Rasidance of Decedant 10a. Stata 10b. Count) Oh. T									
	anyla aho	-		imore	10	o. City, Town or L Parkto									City Limits
	Ne M	Sch		THOTE		TUINC									85 22,110
	with the	늅	10e. Street and Number 110 Dairy R	024			10f. Zip	Coda	2.0			0g. Citizen o	What Cou	intry?	
	a 23	Funeral Director				-1-110					W M - 11				
	iter de	Š	11. Marital Statua 1 ☐ Navar Marriad 2 🕅 Ma	12. Was De Armed F	Forces?	rin 0,5. 13.	If Yas, spe	cify Cub	an, Maxicar	n, Puarto	ecify Yas or No- Rican, atc.)		ack, Whita	ican Indian, , atc.	
20	filed within 72 hours efter deeth with the Maryland Hygiene. ther than "natural", or ferma 23a or 28a-f show with the Medical Examiner must be notified at	by F	3 Widowed 4 Divorce	If Yas C	Siva		1 🗆 Yas	2 K) No	Specify:			Spec	ity: W	hite	
ŏ	2 hou			nt's Education	D 4 (40).	16a. Dece	dant's Usu	al Occur	pation			16b. Kind of	Businass/li	odustry	
715	s within 72 ha jene. Then "natur the Medical	Completed	(Specify only high	ast grada completed		(Give	DO NOT u	rk dona sa retire	pation during mos ed)	t of work	ing	100.11.11.0		To both y	
21	filed withir Hygiene. other than	E	Elemantary/Secondary (0-12)	2 College	(1-4or 5+)	His	to-te	chr	nicia	n		Medi	cal		
Maryland 21215-0020	be filed tel Hygie d other event, it	BeC	17. Fathar's Nama (First, Middla								a (First, Middla,		ima)		
<u> </u>		ToE	Franklin M	. Wheele	er				Mil	dre	d L. C	arr			
lan	d 2 should th end Mer 7 Is marks traumatic		19a. Informant's Name/Ralation								s/ Routs Numbe			p Code)	
2	and selth		James L. Scr	ivnor/H	usban	d 110	Dai	ry :	Rd.,	Par	kton,	MD 21	120		
ore	of He		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation	2 Demoire trae		 Piace of Disp cematary, cre 	osition (Nar	na of othar pla	ice)	Ja	n. Data 4,	20c. Location	- City or T	own, Stata	
<u>Ĕ</u>	permit. Peges 1 and 2 Department of Heelth e Important: if item 27 is any injury or other tra once.		4 Donation]	Forest B	aptis	t Ce	emeter		1997	Upper	co,	MD	
Baltimore,	permit. Peg Department Important: i any injury o		21. Signature of Funeral Service	Liphnysee	_ /				ass of Facili		37		-		
a)	825 # 9			Jarles	10/0	zei .	24 S	Har eco:	tensi	tein	Mortu New Fre	ary, edom.	Inc.	1734	9
			23a. Part J. Enter the diseasa, o	complications that	caused the	daath. Do not ar								Approxin	T
5	Physician		77	comy one cause on	adon ind.								i	Onset ar	nd Death
П	/Medical		immedi ta Causa (Finai diseasa or condition	, P	IETAS	TATIC	PANK	PEA	DC .	(41)/	FR		1	611	D.
П	Examiner		resulting in death)	0.		a to (or as a conse		4-CI		CITIVL				O II	
	D E	ne													
	and trans	Examiner	Sequentially list conditions,	1 0	Dua	a to (or as a conse	quance of):								
68760,	cian cian ouriel		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	,									1		
87	eath certificate be executed attending physician and for use as the burlel-transit	Medical	that initiated evants rasulting in death) Last		Dua	to (or as a conse	quanca of):						1		
×	certifi ding	Me		d									i		
8	death e atten	Physician													
o.	5 ± č	ysi	Part II. Other eignificant conditi	ons contributing to	death but no	ot rasuiting in tha	undarlying c	ausa gh	van in Part I	l.		bacco use o			
0	that the ded by detact										101	es 20 No	3 Pro	obably 4	Unknown
Records,	requires that been signed b hould be deta	d by									24a. Was a	n autopsv	24b. W	/ara autopi	sy findings
000	_ 13 60 1	lete									perfor	med?	C	vailable pri	or to of causa
Re	The law ate hes b page 2 s	Completed										/		death?	
			25 Was sace referred to media								1 D Y		1	☐ Yas 2	P□ No
of Vital		o Be	25. Was casa rafarred to medical axaminar?	Hospital:	No.	a Disployed		Ott	hor		n (Check only or		2000 TR (200		
		. To	27. Manper of Death	28a. Data	Inpatiant of Injury	2 ER/Outpatie	-	//	UNU		ma 5 🗹 Rasid 28d. Dascribe h			ify)	
Division	Attending F r death. ector: After by the funer	tion	1 ☑ Natural 5 ☐ Pandi 2 ☐ Accidant invasi		nth, Day Ye	sar) Injury	— м	8c. Injui Wo 1-⊟	rk? Yes 2 □						
ISI/	or Attendi efter death. Director: A 1 in by the fi	fica	3 Suicide 6 Could	not be	e of Injury -	- At homa, farm, st	raat, factor	, office			28f. Location (S	treet and Nur	ber or Rui	al Routa N	lumber,
S	2 4 2 2	Certification:	4 Homicida	build	ding, atc. (S	Specify)					City or Tow	n, Stata) -			
	hours hours nera y fille		29a. Cartifier 1 Certifyi	ng Physician: To th	a best of m	y knowledga, daat	h occurred	at tha ti	ma, data an	d piace, a	and dua to tha c	ausa(s) and r	nanner as	stated.	
	To the Hospital or Attent within 24 hours efter deat To the Funeral Director: completely filled in by the	edicai	(Check only 2 Medical one)	Examiner: Un that	basis of axa nnar statad	amination and/or in	vastigation	, in my o	oplnion, dea	th occurr	ed at tha tima, o	ata and place	, and dua	to tha caus	e(s)
	To the within To the comple	Σ	29b. Signatura and titla of certific	-/N					sa number		2	9d. Data sign	ed (Month	Day, Year)
			Late	len 1	D			D5.	103			1-2-	97		
		f	30. Name and addrass of persor	who completed cau	isa of death	(Itam 23a) (Type	Print)					_			
		- 1	A A A						-		· Lin	210	0.70		
			KATE TULL			205 YOR	K RI)	TIMO	MINY	1, 10	910	75		
	Sta Registra		31. Data filed (Month, Day, Year			Signatura Studion Ra)	TIMO	אטוטאי	4,40	010	75		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						tificate of	Death		Reg. No.	96	4067
Physic	cian	1. Decedent's Name (First, Mi	ddle, Lest)					2. Date of Dea Month		Year	3. Time of Death
/Med	lical	ANNE	tion at a street and a	MAR]	LE		TARNAY	DECEMB			10:30 PM
Exam	iner	4a. Facility Name (If not institu				-	LAPLATA	Location of Death		of Death RLES	
Funera		PHYSICIANS N 5. Social Security Number	6. Sex	7. Age (In yrs.	lest birthdev)	If Under 1 Yaar	If Undar 24 Hrs				on (State or Foreig
Funera Director	_	228-66-1804 Usual Residence of Decedent	1□ M 💥 F	85	Yrs.	Months Days	Hours Min.	8. Data of Birth	1911	Monta:	ce (Stete or Foreig y) na
fand		10a. State 10b. Cou	nty	10c. Ci	ty, Town or Loc	ation				100	1. Insida City Limit
the Marylar 28a-f show	to	Maryland Char	cles	Net	wburg						1 ☐ Yes 2 💢 N
r 284	lrec	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Country	17
th wit	a D	14078 River Ro	oad			20664			USA		
filed within 72 hours efter death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show int, the Madical Example main be notified at	y Funeral Director	11. Marital Status 1 Never Married 2 N	Armed Fo	cedent Ever In U orces? 2 2 No ive	lf '	es Decedent of H Yes, specify Cuba	ispanic Origin? (S in, Mexican, Puar Specify:	pecify Yes or No- to Rican, etc.)	14. Rad Bla Specifi	ce - Amarican	c.
ural',	d by	3 Widowed 4 □ Divord	ed Year or E	Dates:						MITT	
of 2 should be filed within 72 hours efth and Mental Hyglene. 7 is marked other than "natural", or traumatic event, the Man call Expert	Completed	15. Deced (Specify only hig Elementery/Secondary (0-12	lant's Education hest grede completed) (c) College ((1-4or 5+)	life. Do	O NOT use retired	ation du <i>ring</i> most of wo f)	rking	16b. Kind of B		stry
a filed v il Hygie other ti		17. Father's Name (First, Midd	5+		Homem	aker	40.44		Own Ho		
ould be filed Mental Hyg arked othe	Be	Thomas Larson	e, Last)			ļ		ne (First, Middle, eterson		ne)	
d 2 should by	J.	19a. informant's Name/Relation	nshin (Tyne Print)		10h Malling	Address (Street		ural Route Numbe		Ct-1- 7/- 0	. 4.)
DEV.		Alice A. Tarna		er)				rg, MD 2		Siele, Zip C	000)
-155		20a. Method of Disposition	1 (Daughte	20b. F	Place of Disposi	tion (Name of			20c. Location	City or Town	n. State
Pages nent of I		1 Burial 2 X Crematio	n 3 Removal from			tan Crem		-24-96 A	lexandi	ria. V	A
교육관등.		21. Signature of Fysional Sorth		n samuran sancocaca		Name and Addres					•
Depa Impo any l		b be H	7/	M00173			ein Mort	uary White P1			
Physician /Medical Examiner		immediete Cause (Final disease or condition resulting in death)	a	Sepsi Due to (a	S or as a consequ	ence of):				0	pproximate interval Between onset and Death
ted nsit	뻍		b	Preu.	MONIO						nours
execunate and sel-tra	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseasa or Injury		Due to (o	or as a conseque	ence of):					
ificete be executed g physicien and as the buriel-transit	edical	that initiated events	C	Due to (e	r as a conseque	anno offi					
E 0 6		resulting in death) Last	1	D00 t0 (0	as a conseque	ince or).					
attendin for use	an		d								10000
the death cery y the attendin	sich	Part II. Other significant condi	tions contributing to de	eeth but not res	ulting In the und	erlying cause give	en in Part I.	-23b. Did to	bacco use co	ntribute to th	ne cause of deati
	by Physician/M	Coronary	Ante	ry C	1sea	16		1 D Y	es 2/1 No	3 Probat	oly 4 □ Unknow
e lew requires thet has been signed I ge 2 should be det	Completed							24a. Was e perfor		avaita	autopsy findings abia prior to plation of causa eth?
The late he	mo.							1 🗆 Y	98 2 No	101	res 2□ No
ysician: The la s certificate ha director, page	Be (25. Was case referred to medie examinar?	cal				28. Place of Dea	th (Check only or	10)	1	
Physician: r this certific rral director,	2	1 ☐ Yes 2 No	Hospital: 1	inpatiant 2 🗆	ER/Outpetlent	3□ DOA Othe	er: 4 Nursing H	ome 5 Reside	ence 8 Oth	er (Specify)	
ing P		27. Mannar of Death 1 D Netural 5 □ Pend	28a. Date	of Injury th, Dey Year)	28b. Tima of Injury	28c. Injury Work	at	28d. Describe he	ow injury occur	red	
To the Hospital or Attanding Ph within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	2 Accident Invest	mined 288. Placa	of Injury - At ho	ome, farm, stree		Yes 2 No	28f. Location (Si City or Town	treet end Numb n, Stete)	er or Rurel R	louta Number,
To the Hospital within 24 hours of To the Funeral I completely filled	edical Co	29e. Certifier 1 Certify (Check only one)	ring Physician: To the	best of my know asis of exeminat nar stated.	wiedge, death o tion and/or inves	ocurred et the tim stigation, in my op	e, date end piece inion, death occu	, end due to the corred at the time, d	euse(s) end ma ate and place,	nner as stete	ed. e cause(s)
o the	Z E	29b. Signature and title of cartif		nur stated.		29c. License	number	2	9d. Date signe	d (Month. Da	y, Year)
- s - ö		1 -	7 / _	- 10					12/-	2/01	
		30. Neme and address of person	n who completed cause	se of death (Item	23a) /Tune Dr	D-33	426		a/2	5/71	
	1 1	B. LARRY JENK	INS JR. MD	111 1	LACD V VICI	E AVENUE	D O	BOX 1724	TAD	LATA N	1D. 2064

State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate	of	Death			Reg. No.	0	40	010
			1. Decedant's Name (First, Middle, I	ast)							2. Data of De	eath		3. Tin	na of Death
	Physic /Medi		Lawrence A. Thomas							Ì	Month 12	24	96	6	a.m.
	Exami										cation of Deal	th 4c. Coun	y of Deat	h	
			26239 Bailey Lane Easton								Talbot				
Т	Funeral			Sex	7. Age (In yrs.	last birthday)	If Under 1		-		8. Deta of Bi	rth Years	9. Birtl	nplace (St	ate or Foreign
	Director		218-20-2740 Usual Rasidanca of Decedent	1₩ 2□F	7	5 Yrs.	Months D	Days	Hours	Min.	(Month, Di 4 3	21	N	lary1	and
0000	yland mow		10a. Stata 10b. County		10c. City	y, Town or Lo	cation							10d. insid	de City Limits
	the Mar 28a-f et	Director	Maryland Talbot Easton 10e. Street and Number 10f. Zip Code							1 ☐ Yas 2 ☐ No					
	tar death with tha Marylan Rems 23a or 28e-f ehow Inst. mist be notified at		26239 Bailey Lan		21601					USA					
	in 72 hours after death with the Maryland n "netural", or items 23a or 28a-f show fedical Examiner must be notified at	by Funeral	11. Meritel Stetus 1 ☐ Never Merried 2 ☐ Merried 3 ত Widowed 4 ☐ Divorced	Armed For 1 🐧 Yes If Yas, Gi	12. Wes Decedent Evar in U,S. Armed Forcas? 1			If Yas, specify Cuban, N 1 ☐ Yas 2 Ž No S			Ispanic Origin? (Specify Yes or No In, Maxican, Puarto Rican, etc.) Specify:			lack	n,
5-0	72 h	Completed	15. Decedant's (Specify only highast g	Education rada completed)	ducation 16a. Decedant's Usual (dia completed) (Giva kind of work)			occup	pation during most	of workin	na	16b. Kind of Business/Industry			
Baltimore, Maryland 21215-0020		npie	Elamentary/Secondary (0-12)	Collaga (1-4or 5+)		a kind of work dona during most o DO NOT use retired)			OI WOIKE	.9				
		S	12th		Cook/Super							Food Service			
	be filed htal Hygi d other event, I	Be	17. Fathar's Name (First, Middle, Las	t)					200			a, Maiden Sumame)			
	should be and Mentai marked or	2	Arthur Thomas		Madora					leaves					
			19a. Informant's Name/Relationship	(Type, Print)		19b. Meille	ng Addrass (S	treet	and Number	or Rura	l Routa Numb	er, City or Town	, Stata, Z	ip Coda)	
			Kimberly Ann Hol	mes		310	6 Crosk	cey	Terra	ace,	Phila	delphia	, Pa.	191	45
	permit. Pages 1 an Department of Heal Important: If Nem 2 eny Injury or other once.		20a. Mathod of Disposition 1 ☑ Burlal 2 ☐ Cramation 3	Demovel from		lace of Dispo emetary, crar	sition (Name matory or othe	of or pie	ce)		Data	20c. Location	- City or	Town, Stat	ia
	Pag nent irrt: h		4 Donetion 5 Other (Spec	ify)	Mar	yland	Vetera	ans	Cemet	tery	12/30/	96 Beul	ah, N	lary1	and
	Semit. Separtr mports ony inju		21. Signetura of Funaral Sunda Lic	nsee		22	2. Name end A	Addre	ss of Facility	,					
m	89E 28					В	ennie S	cm2	ith Fu	nera	1 Home				
	Physician //Medical Examiner April												Approximatival Onset	I Between and Deeth	
1	uted d ansit	Examiner	b												
60,	tificata be executed g physician and as the butal-transit		Sequentiaily list conditions, if any, laading to immadiata cause. Entar Underlying Cause (Disease or Injury												
ox 68760,	certificata be executed ming physician and usa as the burlai-transit	/Medical	that initiated events resulting in daeth) Last Dua to (or es a consequence of):												
Bo		Physician/	Part II Other elapiticant conditions	nontelle dies to di	anth hut ant an	dalaa ia ahaa		h	ula la Dani I		Took Bld	A-A		All the later	
P.O.	es that the death igned by the atte be datached for	hys	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i.								23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown				
10	that the dat	by P	1DIOPATHIC THROTICOCYTIC								1 Yee 2 No 3 Probably 4 Uni				
cords	requir seen s houid	Completed b	DIDPATHIC THROTICOCYTIC PURPURA									an autopsy ormed?	0	vallable pi completion	
Re	sician: The law cartificata has b director, page 2 s	Ę												of death?	
of Vita			OF Was once referred to medical	1							10		1	☐ Yas	2 LI No
	carti	Be C	25. Was casa rafarred to medical axaminar?	Hospital:				Ott	or.		(Check only				
		- T	1 Inpatient 2 ER/Outpetient 3 DOA University Home 5 Residence 6 Other (Specify)										ify)		
	Aftar Aftar fune	tion	1) Naturel 5 □ Panding (Month, Day Year) injury Work?												
	To the Hospital or Attending Phi within 24 hours after death. To the Funeral Director: After thi complately filled in by the funeral	Certification:	2 Accident investigation 3 Suicida 6 Could not datermine	28e. Place						28f. Location (Street end Number or Rural Routa Number, City or Town, Stata)					
	hours a uneral filled	edical Ce	29a. Certifier (Check only 2) Madical Examinar: On the best of my knowledge, deeth occurred at tha time, data and piece, end due to the cause(s) and manner as stated.												
	the F	8	(Check only one) 2 Medical Examiner: On the besis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.											od(3)	
	To	Σ	29b. Signature end title of certifier	11					se numbar			29d. Data sign		1	
			Ch	J. Prai	u R	D		9	0025	2		12	124	196	
			30. Nema and addrass of person who	BAIN	. 415	5 F	DOV	E	R, B	AS.	LEN,	MD, 2	160	1	*
	Sta		31. Date filed (Month, Day, Year)	7 1996 D	egistrar's Signat	ure	7						*	*	
	Registr	ar	DEC 2	LIBAP	- Caller No	widson-1	gandello								

State of Maryland / Department of Health and Mental Hygiene

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		_	Certificate of Death Reg. No.													
	Physic /Medi		Decedent's Neme (First, Middle, Last) PETER					TSIRIGOTIS					ber 5 1	Year 996	3. Time of Death 10:45p.	
	/iviedi Exami		4e. Fecility Neme	(If not institution, gi						own, or L	ocation of Dee		4c. County of Deeth		411	
7	LAUIII	1101	St Ma	ry's Ho	enital					Looper						
1	Funeral		5. Sociel Security		Sex		yrs. lest birthda	y) If Unde	r 1 Year	Leonar If Under	24 Hrs.			. Mary'		ainn
	Director		220-26-64	447	t√□ M 2□ F		Yrs Months Dey					8. Dete of B (Month, D			place (State or Fore	rigiti
			Usuei Residenca			88	5					Decembe	r 10, 190	10, 190/ Greece		
21215-0020	within 72 hours after death with the Maryland ene. than "neturet", or items 23s or 28s-f show the Medical Examiner must be notified at	by Funeral Director	10e. Stete	10b. County		10c.	City, Town or	Location						1	Od. Inside City Lim	ilts
			MD	St. Mary	7S		Californi	а							1 ☐ Yes 2 ☑	No
			10e. Street end Number 10f. Zlp Code 10g. Citizen of Whe								f M/hot Cour	••				
			101. Zip Code									Tog. Citizen o	t whet Con	itry /		
			174 Baringer Drive 20619								USA					
			11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuben, Mexican, Puerto Rican, etc.)							lo- 14. R	ece - Americ					
	and so			1 Never Merried 2 Married 1								Specify: White				
	aral'		3 □ Widowed	4 Divorced	Yeer or Detes:									MILLE		
	should be filed within 72 hours nd Mental Hygiene. merked other than "netural", merke event, the Medical Exa	ete	(Spe	15. Decedent's E ecify only highest gr	ducation ade completed)	16a. Dec (Giv	edent's Usu	el Occu	pation during mos	st of work	ina	16b. Kind of	16b. Kind of Business/Industry		
2	ithin	Idu	Elementary/Sec		College	life.	life. DO NOT use retired)					11 D	11.11			
	ygiev C tr	To Be Completed		6		Gener	General Contractor					Home Bu	Building			
Baltimore, Maryland	S a a a a a a a a a a a a a a a a a a a		17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First,								e (First, Middle	t, Middle, Melden Surneme)				
	Went Went rike		George Pe	ter Tsirigo	otis					Arg	ero :	Slathak	cis			
	1 and 2 : Heelth er hm 27 is ther trau		19e. Informant's N	Neme/Reletionship	(Type, Pnnt)		19b. Me	ling Addres	s (Stree	t and Numb	er or Ru	al Route Num	ber, City or Tow	n, State, Zip	Code)	
			George Pe	ter Tsirigo	tis/Son		174 Baringer Drive, Califor					nia, MD	20619			
			20e. Method of Dis			,	b. Piece of Disp cemetery, cr	position (Ne	me of	2021		Dete	20c. Location	- City or To	own, State	
Ē	Pages nent of I rrt: If its Iry or o			Cremetion 3 ☐ 5 ☐ Other (Speci								12/0/06	77-11	C 1/D		
=	permit. Page Department of Important: If any Injury or once.					7	rinity Me					12/9/96	Waldor	r, MD		-
Ba	Depariment Important		21. Signeythe of Funeral Service Licensee 22. Neme and Address of Facility Mattingley—Gardiner Funeral Home, P.A.													
			P.O. Box 270, Leonardtown, Maryland 20650													
п	Physician /Medical Examiner		23a. Part Enter shock or he	the disease, or con art feilure. List only	one cause on	caused the deech line.	leeth. Do not e	nter the mo	de of dy	ing, such es	cardiec	or respiratory	arrest,	1	Approximate Interval Between	
			Immediate Cause (Final disease or condition resulting in death) e. Acute Myo Cassacial In Favoting 241 Due to (or es e consequence of):													
	Examino															
ч	D #			_	C	010	na	24	(A)	te	Sy	DU	8 Con	0	204	
	certificate be executed nding physician and use as the buriel-transit	Examiner	Sequentielly list of	onditions,	0.	Due t	o (or as e cons	equence of)	:		1					7
0,			Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events Due to (or as e consequence of): Due to (or es e consequence of):												-	
68760,		n/Medical	thet initieted events resulting in death) Last Due to (or es e consequenca of):												7	
	nd p	Mec	a Hypertension Inde													
SOX	th ce	by Physicia	0 11 1000											1		
. 8	the ette		Part II. Other signi	ificant conditions	contributing to d	leath but not	resulting in the	underlying	cause gi	iven in Pert	l.	23b. Dic	tobacco use d	ontribute to	the cause of dea	th?
P.0	iew requires that the death es been signed by the etter 2 should be detached for											bebly 4 Unkn				
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Ď	puire n sig		24a. Wes an autopsy 24b. Were suitopsy											S		
00	v requir been s should	Completed				154	1 cm	1	71	MC	10	per	lormed?	co	aliable prior to mpletion of cause	
Re	hes ge 2	E D				/	•			(1	_	Of	death?	
of Vital Records,	cate h	Certification: To Be Co										/ 10	Yes 2 No	1{	Yes 2 No	
Vit	Physician: The in this certificate he ral director, page		25. Wes case refe axeminer?	,	Hospital: /				0		e of Deet	h (Check only	one)			-
To	Physical direction												y)			
Division																
	al or Attending Phy safer death. I Director: After this d in by the funeral of		2 Accident investigation M 1 Yes 2 No													
	her different in by	E	3 ☐ Suicide 4 ☐ HomIcide 3 ☐ Suicide 4 ☐ HomIcide 4 ☐ HomIcide 4 ☐ HomIcide 4 ☐ HomIcide 4 ☐ HomIcide 4 ☐ HomIcide 4 ☐ HomIcide 4 ☐ HomIcide 4 ☐ HomIcide 4 ☐ HomIcide 5 ☐ Could not be determined building, etc. (Specify)								(Street end Nur own, Stete)	Number or Rural Route Number,				
	ital o	S														
	Hospital or Attending 24 hours after death. Funeral Director: After stely filled in by the fune	Medical	29e. Certifier (Check only one)	t⊠ Certifying Pi 2 Medicai Exa	ninar: On the b	esis of exam	knowledge, dee inetion and/or l	th occurred	et the ti	lme, dete er opinion, des	nd pleca, eth occuri	end due to the	ceuse(s) end r , dete end plece	nanner es s	tated. the cause(s)	
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b															
			Low. Digitoral att					1) Enough		21	,	Zou. Dete sign	(MOILI),	Day, 18a1)	
				1217	id				12	-56.	> 4	L .	12/6	196		
				ress of person who									1	7		
				INATH PAT			Medical		er,	Leona	ardto	own, MD	20650			
	Sta Registr	-	31. Dete filed (Mg)	PE Cay. Yeer) 19	96 Jul	Registrar's Si	oneture Lun-Royda	U.								

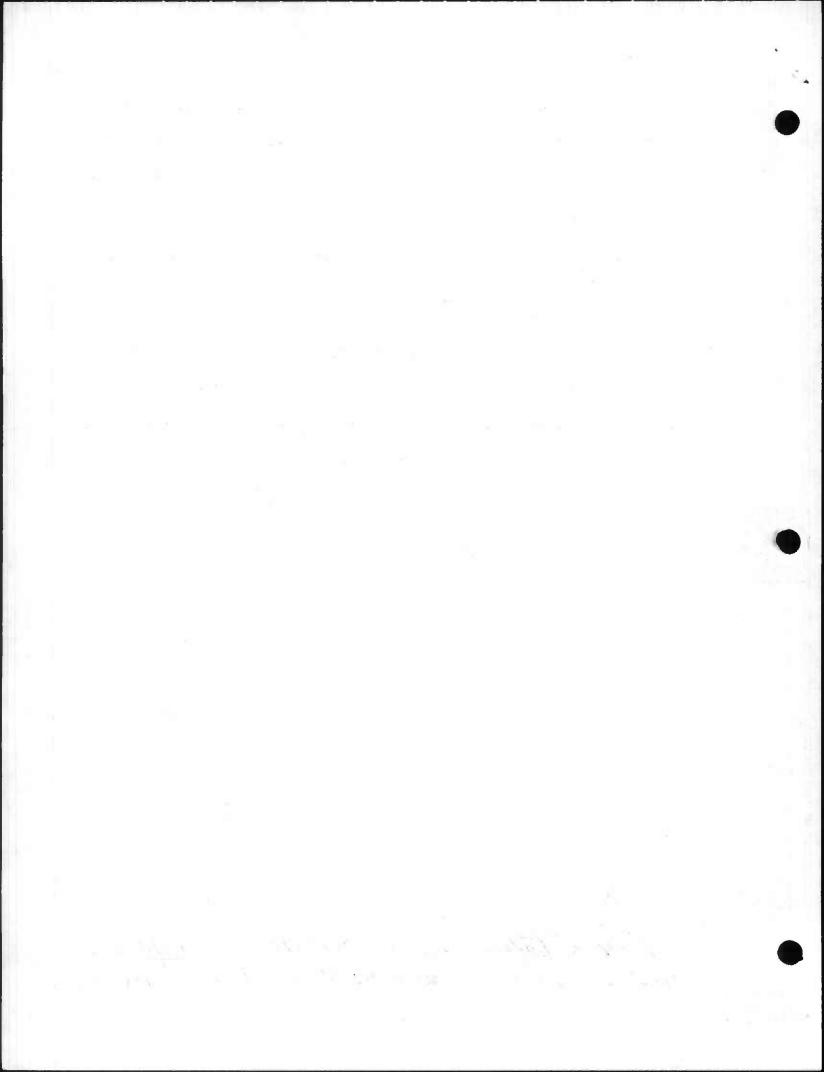
State Registrar

State of Maryland / Department of Health and Mental Hygiene

40680 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death **Physician** Month 10:00 P.M GEORGE B. TEAGUE, JR. Dec. 20 1996 /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City. Town, or Location of Daath **Examiner** 4c. County of Death 702 North Warfield Drive Mt. Airy Frederick 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. Birthplaca (State or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** Days 1 ₱M 2□ F Hours 236-34-9911 69 Yrs. Director June 20, 1927 North Carolina Usual Rasidance of Dacedan 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits must be notified at Director 1 Yas 2X No Maryland Frederick Mt. Airy 10a. Street and Number 10f. Zlp Coda 10g. Citizen of What Country? ò items 23a 702 North Warfield Drive 21771 United States Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☑ Yas 2 ☐ No If Yas, Give Yaar or Datas: WW] Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. traumatic avent, the Medical Examiner Pages 1 end 2 should be flied within 72 hours after can of Heelth and Mental Hygiene.
In: If I ferr 27 is marked other than "naturel", or ites into or other traumatic avent, me Medical Engine.
Iny or other traumatic avent, me Medical Engine. 1 Navar Marriad 2X Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: Spacify: White þ 3 Widowad 4 Divorced WW II Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Elamentary/Secondary (0-12) Coilaga (1-4or 5+) Operating Engineer Local 37 7th grade 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) George B. Teague, Sr. Sarah Catherine Ammons 19a. Informant's Name/Ralationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, Stete, Zip Coda) 702 North Warfield Drive Mt. Airy, MD Mrs. Ardath M. Teague (Wife) 20a. Mathod of Disposition 20b. Place of Disposition (Name of cematary, crematory or other place) 20c. Location - City or Town, Stata 1X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata permit. Page Department of Important: If any injury or once. Rest Haven Mem. Gardens Dec. 23. Frederick, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura All Funaral Sarvica Licansas 22. Nama and Addrass of Facility Burrier-Queen Funeral Directors, P.A. 1212 W. Old Liberty Road Winfield, MD 21784 Ln'er the disaasa, or complications thet ceused the dec h. Do not antar the mode of dying, such as cardiac or raspiratory arrest, or heart feilura. List only one cause on each line. Approximata Intervai Batween Onset and Death **Physician** /Medical Immadiata Cause (Finel disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of) Examine physician and s the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Cause (Disaasa or Injury Due to (or as a consequence of): Box 68760. Physician/Medical thet initiated avants rasulting in death) Last Dua to (or as a consequence of) eşn signed by the a P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records. Š 24b. Were eutopsy findings available prior to complation of ceuse of deeth? Completed 24e. Wes an autopsy page 2 2 No 1 Yas 2 No certificate 1 Yas Division of Vital or Attending Physician: 25. Was cese rafarred to medical axaminar? Be 26. Pleca of Daath (Check only one) 1 Yas 2 No Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4□ Nursing Homa 5 Rasidance 6 □Other (Specify) Certification: To this funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Deeth 1 MNaturei 2 ☐ Accidant 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? After 5 Panding invastigation deeth. 1 Yas 2 No 24 hours after deet Funeral Director: 6 Could not be 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) filled in by 4 Homicida Hospital Certifying Physician: To the best of my knowledge, daath occurred et the time, deta and plece, and due to the ceusa(s) and manner as steted.

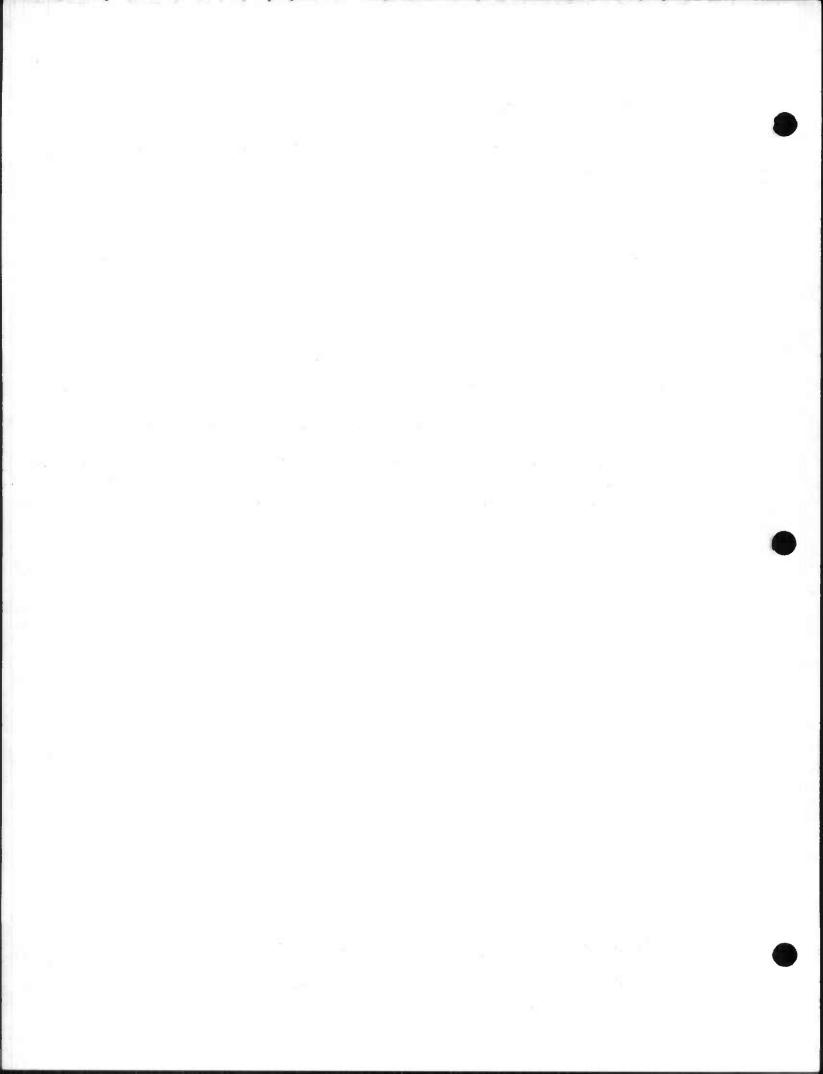
Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, deta and place, end due to the ceuse(s) and manner stated. Medicai 29a. Certiflei (Check only one) within 2 29b. Signature and Ulie of pertitle 29c. License number 29d. Date signed (Month, Day, Year) mo 30. Nema and addrass of person who completed ceusa of deeth (Item 23e) (Type, Print) KAUFMANN 300 W. 31. Data filed (Month, Dey, Year) gistrar's Signature State DEC24 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 L068

						Certifica	te of	Death		Reg. No.	0 4	0001
	Disc. 1-1		1. Decedant's Nama (First, Middla, Last)						2. Data of De	ath	Yaar 3.	. Tima of Death
	Physici /Medi		James P	atrick	T	racy,	Sr.	•	1.2	Day		12:30AM
	Examir		4a. Facility Nama (If not institution, giva s	treet and number)				4b. City, Town, or	Location of Deat	4c. County		16.000
L		М	Waterview Heal					Salisbi	ıry	Wico	mico	
	Funeral		5. Social Security Number 6. Sax	M 2□F	In yrs. iast birt	thday) If Und Months	ar 1 Yaa Days	r If Undar 24 Hrs Hours Min.	8. Data of Bir (Month, Da	th y, Year)	9. Birthplaca Country)	(Stata or Foreign
	Director		169-18-0877 X7	8	32	113.			12 2	5 13	Monta	na
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21215-0020	- F - 22	Completed	15. Decedant's Educ (Specify only highast grada	compiated)	16a.	Decedant's Us (Giva kind of w iifa. DO NOT	uai Occu <i>rork do</i> ne usa <i>retin</i>	ipation a during most of wo ed)	rking	16b. Kind of B	usinass/industi	ry
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Maryland	d 2 should th and Mer 7 is marke traumatic		19a. Informant'a Name/Raiationship (Typ	oe, Print)	19b.	Mailing Addra	ss (Stree	et and Number or Ru	ural Routa Numb	er, City or Town,	State, Zip Coo	de)
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ore	- ± 2 8		20a. Mathod of Disposition 1,□Burial 2 □ Cramation 3 □Ra		20b. Place of cematar	Disposition (No.), cramatory or	ama of othar pic	BCe)	Data	20c. Location -	City or Town,	Stata
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Baltimore,	permit. Page: Department of Important: If i any Injury or 2002.		21. Signature of Funeral Service License	0		22. Nama	and Addr	ass of Facility	Hollow	ay Fun	eral	Home, P.
	0.05 6 0		a. Kadult kel	Voucee		501	Snov	w_H ill F	Road, S	alishu	rv. M	D 2180
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	Physician /Medical		Immediate Cause /Final	Car	J ,							sat and Death
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68760,	rifficate be executed ng physician and as the burial-transit	edical	Causa (Disaasa or Injury that Initiated evants rasulting in daath) Last			onsequance of						7-7004-4
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P.O.	that the ed by th detache		DEMEN	itia,					10	Yee 2 No	3 Probabl	y 4 Unknown
of Vital Records,	signe d be	d by							040 14400	an autopsy	24h Wara a	autopsy findings
202	The law requires ate has been sign page 2 should be	Completed								rmed?	availab	ole prior to etion of cause
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5	Physiclan: r this certific rrai director.	To Be	axaminar?	ospital:	2 D EB/Out	tpatient 3 C	04 0		ath <i>(Check</i> on <i>ly c</i> Ioma 5 ☐ Rasi	_	or (Consibil	
	Physer this		27. Mannar of Death	28a. Data of Injury	28b. T	ima of	28c. Inju			now Injury occur		
ior	Attending ir death. ector: After by the fune	atlo	1. Panding 2 Accidant invastigation	(Month, Day Ye	947)	njury M		Yas 2 No				
Division	or Attending after death. Director: After In by the fune	Certification:	3 Sulcida 6 Could not be datarmined	28a. Place of Injury building, atc. (5		m, street, facto	ry, office	Č!	28f. Location (: City or Tox	Street and Numb	per or Rural Ro	outa Number,
	its after or as a Direction of the Direc											
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Cartiflar (Check only 2 Medical Examine	er: On the basis of axi	amination and	daath occurre	d at tha t	lma, data and piace opinion, daath occu	, and dua to tha	cause(s) and ma data and place.	annar as statad	j. cause(s)
	the thin 2 mple	Med	29b. Signatura and litia of certifier	and mannar stated	l.			sa number		29d. Data signe		
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	D		DEC 9 0.100	4h Jalla a	A. MODWINGS	ALCOHOLD AND		-				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40682 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth Thomas Month 3:36 AM LEE 12 13 OMMIR 4e. Eacility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death 5 Raps Peind 608 Rd L Wicomico ESIDRNCK 5. Social Security Number 6. Sex Birthplace (State or Foreign Country) 10M 20F Months Deys 263-68-6994 Yrs. MALL Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location od. Inside City Limits 1 Tes 2 No Wicomico 10g. Citizen of What Country? 10e. Streat end Number 10f. Zip Code 21824 ShARDS POIN MSA 668 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ Ne Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. 11. Meritel Stetus Biack, White, etc. 2 Married 1 Never Married 1 ☐ Yes 2 ☐ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced Black 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) Salisbury NONE Rucks 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Themas UNKWOCIN M65E 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code 19e. Informent's Neme/Reletionship (Type, Print) 20b. Piece of Disposition (Name of cemetery, crematory or other) NEllir md. 2/826 homas 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Surial 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) GREEN mam. md ACRES 22. Neme end Address of Fecility of Fynerel Service Licensee 21. Signill 23e. Pert1. Enter the disease, or compilcations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart feilure. List only one cause on each line. rhite Approximete Intervel Between Onset and Deeth Immediete Cause (Finel 4 mos diseese or condition resulting In deeth) Due to (or es a consequence of); Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or es a consequence of): Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes en eutopsy performed?

Physician /Medical Examiner

ettending physician and I for use as the burial-transit

ate hes been signed by the e page 2 should be detached i

certificate hes

After this

deeth.

To the Hospital or Attenditional within 24 hours after deeth.

To the Funeral Director: A completely filled in by the fu

Completed

Be

2

Certification:

Medical

Division of Vital Records, P.O. Box 68760,

Physician

/Medical

Director

Funeral

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Completed

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Examiner

Funeral

Director

death with the Maryland

permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylan Department of Heelth and Mentel Hygiene.

Important: If item 27 is merked other than "natural", or items 23a or 28a-f show any injury or other traumetic event, the Modical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

Examiner **Physician/Medical** þ

20 No 1 Yes 26. Place of Deeth (Check only one)

1 Yes 2 No

25. Wes case referred to medical	
exeminer?	Hospite

5 Pending investigation 6 Could not be determined

al: 1 🏻 Inpatient 28e. Dete of Injury (Month, Dey Year)

2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29e. Certifier (Check only

27. Menner of Deeth

Neturel

3 ☐ Sulcide

4 Homicide

2 Accident

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(s) and menner as steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and place, and due to the cause(s) and menner steted.

29b. Stgnature and title of certific

29c. License number

29d. Dete signed (Month, Day, Year)

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

Ocuall My 31 Dete filed (Month, Dey, Year) DEC 1 8 1996

State Registrar

T 2 2 2 1000 20 pr pr pr 11 to 11

				State of Maryl		Department of Certificate o			giene (96 40683
	Physici /Medi		Decedent's Neme (First, Middle, Las NAOMI MARIE	ESTELLA	WR	IGHT		2. Date of Dee Month DEC •	Dev	3. Time of Death 996 8:46pm
	Examir		4e. Facility Neme (If not Institution, give THE MEMORIAL	street end number) HOSPITAL			4b. City, Town, or EASTO	Location of Death		of Death LBOT
	Funeral Director		5. Social Security Number 6. Se 218-24-4237 Usual Residence of Decedent	7. Age (In)		thdey) If Under 1 Yes Months Day			v, Year)	9. Birthplece (State or Foreign Country) MD •
	e Maryland Sa-1 show	Director	10a. State 10b. County MD • CAROL		. City, Town	or Location				10d. Inside City Limits 1) Yes 2□ No
020	72 hours after death with the Maryland "naturel", or flems 23a or 28a-f show ideal Examiner must be notified at	by Funeral	10e. Street and Number 22732 THAWLEY 11. Marital Status 1 Never Merried 2 XMerried 3 Widowed 4 Divorced	RD. 12. Was Decedent Ever i Armed Forces? 1 Yes, 2 No It Yes, Give Year or Dates:	in U,S.	10f. Zip Code 2162 13. Was Decedent of the Yes, specify Code 1 1 Yes 2 2 N	29 f Hispenic Origin? (Suban, Mexicen, Puer			
15. Decedent's Usual Occupation (Specify only highest grade completed) College (1-4or 5+) College (1-4or 5+)										
Maryland	17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surmame) ALEXANDER MATHEWS 19a. Informant's Name/Reletionship (Type, Pnint) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, St									
Baltimore, Ma	ages 1 and 2 ant of Health a it: If Item 27 is y or other tre	ELLA MOANEY/ DAUGHTER 26261 MARTINGDALE LN, EASTON, 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Together place							ON, MD. 21601 City or Town, State	
Balti	permit. Pa Departmen Important: eny Injury		21. Signatured Funerel Service Licensee 22. Name and Address of Fecility WILLIAMSON-FLUHARTY FUNERAL SERVICE, P. 319 E. DOVER ST. EASTON, MD. 21601							
	Physician /Medical Examiner		23e. Part1. Enter the disease, or comp shock, or heart feilure. List only of Immediate Cause (Final disease or condition resulting in death)	e. Acote	- 1	consequence of):	lying, such as cardle	c or respiretory en	eta	Approximete Interval Between Onset and Death Wouls
760,	te be executed ysician and ie burial-transit	cai Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	c		consequence of):	y Dr	seas	e	
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s, P.O. E	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert II. 23b. Did tooseed use contribute to the cause of death and the								stribute to the cause of death? 3 Probably 4 Unknown	
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Vital	ysician: The scartificate director, pag	Be	25. Wes case reterred to medical examiner?					eth (Check only or		1210
ō	this eldi	ation: To	1 ☐ Yes 2 ☐ No 27. Menner of Deeth 1 ☐ Netural 5 ☐ Pending 2 ☐ Accident investigetion	28e. Dete of Injury (Month, Dey Year		Ime of plury 28c. In		dome 5 Resid		
Division	는 는 H	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - A building, etc. (Sp.		m, street, fectory, offic	8	28f. Location (S City or Tow		er or Rural Route Number,
	the Hospital thin 24 hours the Funeral (mpletely filled	Medical	29e. Certifier (Check only one) 1	sician: To the best of my nar: On the basis of exam- end menner steted.	knowledge, alnetion end	Vor investigetion, in my	time, dete end plece y opinion, deeth occurrence	urred at the time, o	tate and place, a	nner as stated. and due to the cause(a)

Division of Vital Records, P.O. Box 68760. To the Hospital or within 24 hours after To the Funeral Dir completely filled In

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(a) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)

920 MARKET ST. DENTON, MD. 21629 JAMES SIDES, M.D.

31. Date filed (Month, Dey, Year) State DEC 271996 Registrar

32. Register's Signeture

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

40684

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Capitol Crematory Dec. 20, 1996 Dover, Delaware	e,	Hea Hem othe			20b. P	lace of Dispos	ition (Neme of	Ţ				
21. Signeture af Funeral Service Licensee 22. Neme and Address of Facility Harrison E. Leconard Funeral Home 312 S. Talbot St. St. Michaels, Maryland 21663 Approximate and Poets Approximate and Poe	no	ages ont of tr. F. F.			temover from State			,				
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Physician Medical Examiner Physician Medical Examiner The disease or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate and Death One of the disease or condition disease		Deperment		St. Signature of Furieral Service Literals	4	He	rrison E	Leonard	d Funera	1 Home		
Physician // Interdical Examiner Physic				derision to	demai	31	2 S. Tal	bot St. S	St. Mich	aels. N	larvlar	nd 21663
Medical Examiner Immediate Cause (Final disease or condition of death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): CHRONIC OR STRUCTIVE PULM. DIFFER OR STRUCT				23a. Part1. Enter the disease, or compli shock, or heert failure. List only or	ications that ceused the death ne cause on each line.	n. Do not ente	r the mode of dyln	g, such as cerdiac	or respiratory an	rest,	Ar	pproximete tervsi Between
Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying that initiated events resulting in deeth) Last Due to (or as a consequence of): C. CHONT OBSTRUCTIVE PULM. DIFFER OF The Control of the Control of				Description and the second sec	Λ /		, -	010	2		Or	nset and Death
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Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying that initiated events resulting in deeth) Last Due to (or as a consequence of): C. CHONT OBSTRUCTIVE PULM. DIFFER OF The Control of the Control of			,	resulting in death)	Due to (o	r as a consequ	uence of):	1				
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Cause (Disease or Injury that initiated every that initiated every the state of the		and and I-fran	хад	Sequentially list conditions,								
Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part III. Other significant conditions contributis to the cause of death	90	cian		ceuse. Enter Underlying Cause (Disease or Injury	(HRON	TC C	BSTR	WETENE	PULP	1. DP	F/13/	2 VEDEC
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Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1	φ X	e as	Me M									
Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1	0	tand trand	an								1	
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25. Was cese referred to medical examiner? 1	T O	0 - 0	립		-						of dea	th?
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The state of the s	=	Iclar certif recto		examiner?	Inspital:		Oth		Check only or	ne)		
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FEFE On Character and March 1997		24 hours 24 hours Funeral etely filled		(Check only 2 Medical Examin	er: On the basis of examinati	vledge, death of	occurred et the timestigation, in my op	ne, date end place, a pinion, death occurr	and due to the c	euse(s) and ma late and place, a	nner as state	d. a cause(s)
e to the control of certifier (29c. License number 29d. Dete signed (Month, Dey, Year)		To the Within To the comple	Ž.	29b. Signeture and title of certifier	/ stated.		29c. License	numbar	2	9d. Dete signed	(Month, Dey	/, Year)

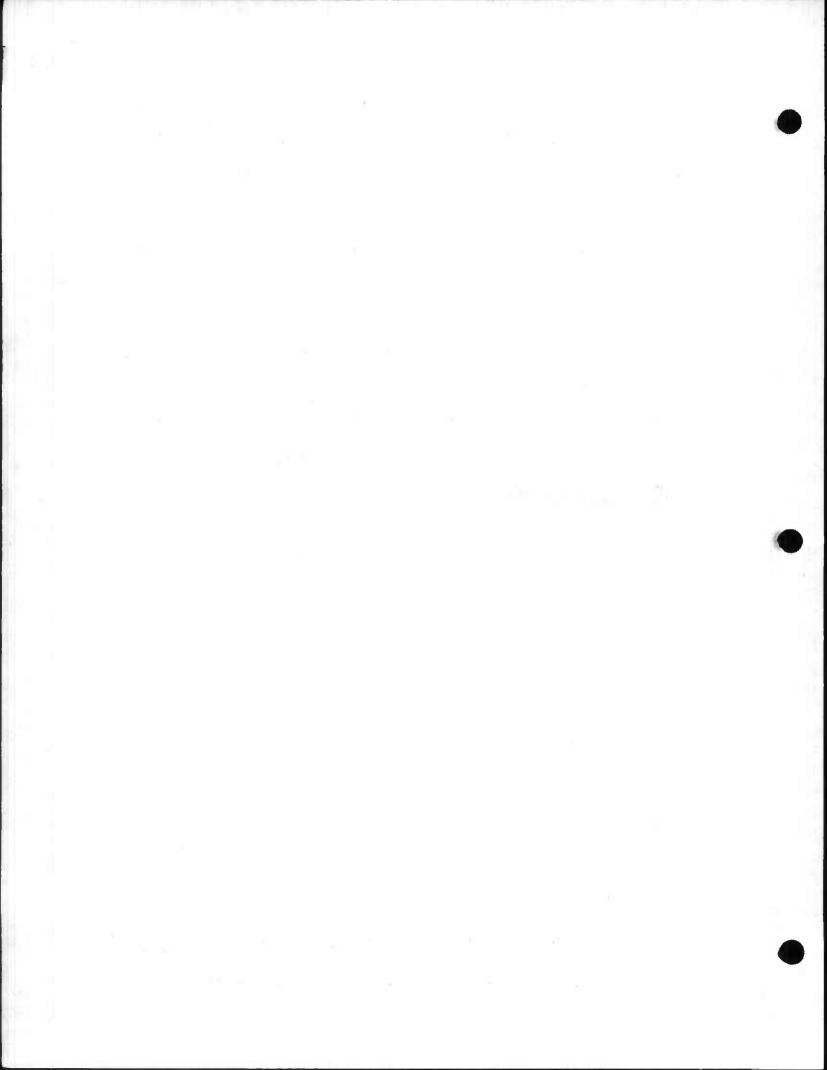
State Registrar

31. Date filed (Month, Dey, Yeer)

E. F. Ciganek

30. Neme and address of person who completed ceuse of death (Item 23e) (Type, Print)

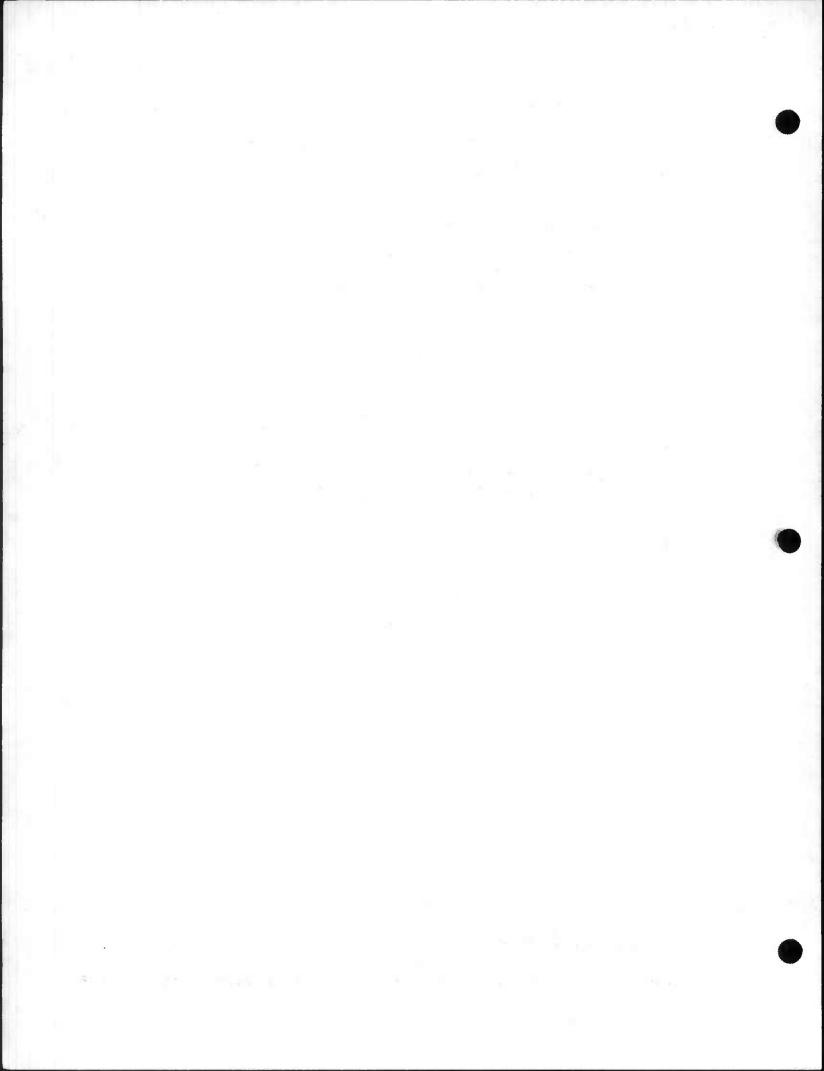
Commerce St. Centreville, MAryland 21617
32. Registrar's Signature Min Swidson-Randell



State of Maryland / Department of Health and Mental Hygiene

1.0605

				Certificate of	Death	Red	g. No.	0	40000
Ole		1. Decedent's Neme (First, Middle, Le	est)			2. Dete of Death		Vac-	3. Time of Death
Phys /Me	ician dical	BERTHA VIR	GINIA WEST			DEC.20	.1996	Year	1740 P
Exar		4a. Facility Name (If not institution, given	ve street end number)		4b. City, Town, or Lo		4c. County	of Deeth	27101
		7009 WILLIAMS	BURG CHURCH	RD.	Harlow	6 MD	DORC	HEST	ER
Funer	al		Sex 7. Age (In yrs. Id	ast birthdey) If Under 1 Year	if Under 24 Hrs.	8. Date of Birth (Month, Dey,		9. Birthp	iace (State or Foreign
Direct		9/4-30-8402 Usual Residence of Decedent	1□M 2×F 66	Yrs. Months Deys	Hours Min.	(Month, Dey,	rear)	Ma	ryland
he Menyland 28a-f show oth ad all	Director	Maryland Dorc	lester H	Town or Location urlock					0d. Inside City Limits 1 ☐ Yes 2 10 No
5-0020 72 hours after death with the Meryland naturel', or items 23a or 28a-f show sizel Examinel must be nothed at	by Funeral Dir	11. Marital Stetus 1 Never Married 2 Married	12. Was Decident Ever in U.S Armed Porces? 1 Pes 2 No If Yes, Give	10f. Zip Code Rd 2 13. Was Decedent of if Yes, specify Cut 1 Yes No	Hispenic Origin? (Speen, Mexican, Puerto	ecify Yes or No-		- America, White,	en Indian,
5-00; 72 hours natural;	P P	15. Decedent's E	Year or Dates:	16a, Decedent's Usuel Occu	nation	110	6b. Kind of Bu	D/C	7C/L
within then.	Completed	(Specify only highest gra-	ade completed) College (1-4or 5+)	(Give kind of work done life. DO NOT use retire	duning most of work!	ng	C 0 - 1		/
be filed ttal Hygid d other		17. Father's Name (First, Middle, Lest)	Laborer	18. Mother's Name	/First Middle Ma	Jear Sumani	000	
	Be	0	Nichola		-+/		1//0-	· ·	
Maryla d 2 should th and Men 7 Is marke traumatic	2	19a. Intormant's Neme/Relationship (19b. Melling Address (Stree	t CC	2 Cl	City of Town	S 75	Codel
imore, Pages 1 en nent of Heel ant: if Item 2 ury or other		20a. Method of Disposition 1 Surial 2 Cremation 3 C 4 Donetton 5 Other (Specific	D. West A. 2017 Place	ace of Disposition (Neme of metery, cremetory or other plane)	Hiamsbo	ure Ch	Do. Location -	Rd.	Hurlock
Baltimo permit. Page Department of Important: If any Injury or	9000	21. Signature of Funeral Service Licer	nsee	Benni	ess of Facility	the Fu	nera	e h	lone
		23a. Part1. Enter the disease, or com shock, or heart failure. List only	polications that caused the death.	Do not enter the mode of dy	ing, such es cerdiec o	r respiratory erres	Ston	1	Approximate
Physicial /Medica Examine	ıl r	Immediate Cause (Final disease or condition resulting in death)	Arterioscle						Intervel Between Onset end Deeth
), el-trans	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying	Due to (or	as a consequence of):	-				
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X se di	an/Me	C	d						
. 0 00	Physician	Part It. Other significant conditions of	ontributing to death but not resul	ting In the underlying cause gi	ven in Part I.	23b, Did tob	acco use con	tribute to	the cause of death?
law requires that the de as been signed by the	hy					1 □ Yes	2 □ No	3 ☐ Prot	onbly 4 Unknow
as that igned be del	by								
COrd v require been si						24e. Wes en	autopsy	24b. We	are autopsy findings allable prior to
a v re	Completed					INSPE		COI	mpletion of ceuse deeth?
The law ate has page 2	E O						20XNo	1 [Yes 2⊡XNo
f Vital Riyslcian: The list certificate his director, page	0	25. Was case referred to medical			26. Place of Deeth				TO TON
Of Vita Physician: r this certific and director,	ToB	exa <i>m</i> iner? XXYes 2□ No	Hospital: 1 ☐ Inpatient 2 ☐ E	R/Outpatient 3□ DOA Ot	hor	ne 5 Residen		/Engelis	a)
Physic properties		27. Menner of Death		28b. Time of 28c. Inju		28d. Describe how			//
thending I death.	atio	1 Naturel 5 Pending 2 Accident investigation	n		Yes 2 No				
Division of Vital Records, to a Attending Physician: The law requires thater death. Director: After this certificate has been signed in by the funeral director, page 2 should be of the by the funeral director, page 2 should be of the funeral director.	Certification:	3 Suicide 6 Coutd not be determined	28e. Piace of injury - At hon building, etc. (Specify)	ne, farm, street, factory, office	2	8f. Location (Stre City or Town,		r or Rura	Route Number,
DIVISION OF To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral	edicai	29e. Certifier (Check only one) 1 Cartifying Phrone) 1 Medical Exam	ysician: To the best of my know ninar: On the basis of examinetic and menner steted.	edge, death occurred et the ti on end/or investigation, in my	me, date and place, a opinion, death occurre	nd due to the cau ad at the time, dete	se(s) end men e and place, e	ner as st nd due to	ated. the ceuse(s)
To t To t	M	29b. Signature and title of certifier Donald	Wright MD	29c. Licens	se number		Date signed EC . 21		all we
,		30. Name end address of person who	completed ceuse of death (Item 2						
		Donald G. Wri	ght M.D. 111	Penn Street	t, Baltin	nore, M	arylaı	nd 2	1201
S Regis	tate trar	31. Date filed (Month, Dey, Yeer) DEC 24	32. Registrar's Signatur	dson-Mandall					
		WWW HIL		•					



State of Maryland / Department of Health and Mental Hygiene

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4	U	U	U	U

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** JOSEPH WATHEN Month Year MITCHELL 1996 December 1:40 AM /Medical 4a. Facility Nema (If not institution, give streat and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Bayside Nursing Center Lexington Park St. Mary's If Under 1 Year If Under 24 Hrs. 8. Data of Birth
Month, Days Hours Min. 8. Data of Birth
(Month, Day, Year) 5. Social Sacurity Number 6. Sax 7. Age (In yrs. lest birthday) Birthpiace (Steta or Foreign Country) **Funeral** 220-26-6686 DOM 2 F Yrs. 77 Director Sept 1, 1919 Maryland Usuel Residence of Decedent filed within 72 hours after death with the Maryland Hygiene. ther than "naturel", or items 23s or 28s-f show 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Medical Examiner must be in tiffed at MD St. Marys Leonardtown 1 ☐ Yes 20 No Director 10e. Street and Number 10f. Zlp Code 10g. Citizan of Whet Country? Rt. 2 Box 32 20650 USA Funeral 12. Wes Decedent Evar in U,S. Armed Forcas? Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. 11. Marital Status 17 Never Married 2 Merried 1 Yes 2 No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2√2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Farmer Farm permit. Pages 1 and 2 should be file Department of Health and Mental Hy, important: If flem 27 is marked othe ery injury or other traumatic event, pages. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) William Ford Wathen Mary Katherine Harden 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Frances T. Wathen/Sister-in-Law Rt. 2 Box 32, Leonardtown, MD 20650 20b. Pleca of Disposition (Neme of cemetery, crematory or othar place) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) St. Joseph Cemetery 12/4/96 Morganza, Maryland Mattingley-Gardiner Funeral Home, P.A.
P.O. Box 270
P.O. ardtown, Maryland 20650 21. Sigrature of Funeral Service Ligenses Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart feiture. List only one cause on each line. Approximate Interval Between Onsat and Death Physician Prostali /Medical Immediate Ceuse (Finel Comeex disease or condition rasulting in daeth) Examine Due to (or es a consequence of): Examine Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events and Due to (or es e consequence of): physician at the burial-t Few Yos Division of Vital Records, P.O. Box 68760, ull Physician/Medicai Dua to (or as a consequence of): resulting In deeth) Lest attending p for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death?

The law requires that the death certificate be executed signed by the a d be detached f should page 2 s certificate or Attending Physician: this funeral After

þ

Completed

Be

Certification: To

1 Yes 2 No 3 Probably 4 Unknown

24a. Wes an autopsy performad?

24b. Were autopsy tindings avellable prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

26. Pleca of Deeth (Check only one) Other: 4 Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify)

1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred

1 Yes 2 No 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

28e. Plece of Injury - At home, ferm, streat, factory, office building, etc. (Specify)

1 🗹 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner as stated. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated.

29b. Signeture end title of cartifier

25. Wes case referred to medical examinar?

5 Panding

investigetion

6 Could not be determined

1 Yes 20 No

27. Menner of Death

1 Meturel

2 Accident

3 Suicida

29e. Certifier

4 Homicide

(Check only one)

Ton 10429c. License number reo D 47066

29d. Dete signed (Month, Dey, Year) December 2, 1996

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)
A.D. Shah, MD Leonardtown, MD 20650 A.D. Shah, MD

State Registrar

32. Registrer's Signeture 1996

thin 24 hours after death.

the Funeral Director: At mpletely filled in by the fu

within 2 To the F

death.

State of Maryland / Department of Health and Mental Hygiene 40687 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician ELMIRA** December Elizabeth WALLACE 10:00a.m. /Medical 4a. Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner St. Mary's Hospital St. Marys Leonardtown If Undar 1 Year If Undar 24 Hrs.

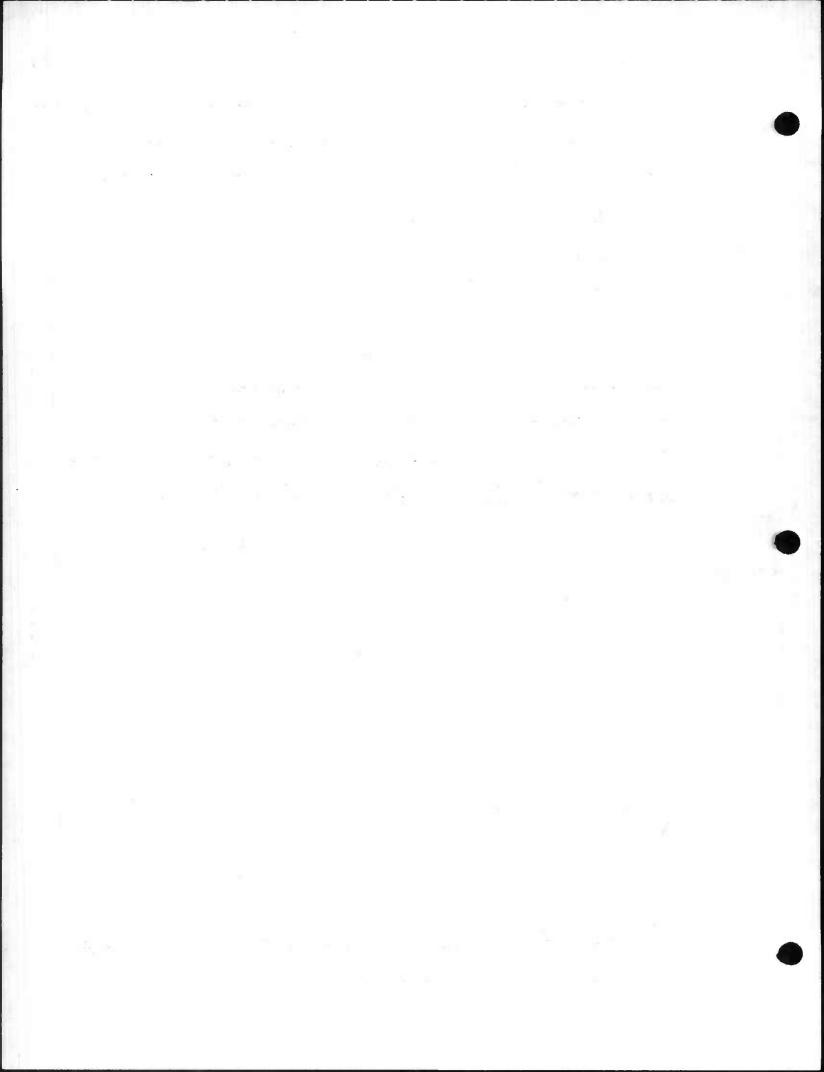
Months Days Hours Min. 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** Months 1 ☐ M 2 🗓 F Yrs. Director 218-78-4786 80 April 20, 1916 Maryland Usuat Rasidence of Decedent the Meryland 10a. State 10b. County 10c. Cify, Town or Location show 10d. Insida City Limits 7 is merked other than "naturel", or items 23a or 28a-f shov traumstic event, the Medical Examinat must be notified at Director St. Marv Hollywood 1 ☐ Yas 2 ☐ No 10a. Street and Number 10f. Zip Code 10g. Citizan of What Country? Box 1107 20636 death Funeral USA Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) Was Decedent Evar In U.S. Armed Forcas? 11. Marital Status 14. Race - American Indian. permit. Peges 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hydiene. Important: If them 27 is marked other than "naturel", or then any injury or other traumetre event. Black, White, etc. 1 ☐ Yes 2 No If Yes, Giva Year or Dates: 1 Never Married 2 Married Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: by Specify: White 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Housewife Own Home 17. Fathar's Nama (First, Middle, Last) 18. Mother'a Nama (First, Middle, Maidan Sumame) Be Joseph King Davis Mary Adell Raley 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Debbie L. Dixon/Daughter 1106 Nalley Rd., Hollywood, MD 20636 Baltimore, 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c, Location - City or Town, Stata 1X Burlal 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) St. John's Cemetery 12/14/96 Hollywood, Maryland 22. Name and Address of Facility
Mattingley-Cardiner Funeral Home, P.A.
P. Box 270, Leonardtown, Maryland 20650 21. Signifure of Funeral Sarvica Licenses Victorel ? ardiner 23a Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and ck, or heart failure. List only one cause on each lina. **Physician** /Medicai Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner or Attending Physician: The lew requires that the death certificate be associted after death.

Director: After this certificate hes been signed by the attending physician and **burial-transit** Sequentially list conditions, if any, leading to Immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, attending physician Physician/Medical the Due to (or as a consequence of): been signed by the attershould be deteched for Part II. Other eignificant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yas 2 ☐ No Be 25. Was case raferred to medical 26. Placa of Death (Check only ona) 1 Yes 2 No 2 1 patient Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Maloner of Death 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? 5 Pending Investigation 1 Vatural 2 Accident 1 Yes 2 No filled in by the 6 Could not be datarmined 3 Sulcide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral C edicai 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier (Check only one) 29b. Signature and tale of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 12-12-90 014285 30. Name and address of person who completed causa of daath (Item 23a) (Type, Print) Dr. WILLIAM BOYD Leonardtown, MD 20650 31. Date filed (Month, Day, Year) 32. Registrar's Signatura State

Jalia Davidson Rardall

DEC 13

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

						Certifica	ite of	Death		Reg. No.			
			1. Decedent's Name (First, Middla, Las	1)					2. Data of D	Peath		3. Tima of Death	
	Physic		Hilda Leona Wood	h					Month	Day	Yaar	/ 20	
1	/Medi		4a. Facility Nama (If not institution, giva					4b. City, Town, or	Decemb			4:30 p.m	
4	Exami	ner	And the second s	and the same									
_			St. Mary's Hospi			A STATE OF THE BELLING	ar 1 Yeer	Leonardt		St.	Mary		
	Funeral		5. Social Security Number 6. Sa	ax / . Aga □M 2□F	a (In yrs. lesi	Yrs. Month			8. Date of B	Pey, Year)	9. Birthp	place (State or Foreign htry)	
	Director		218-52-7239	X	78	Trs.				r 18, 1918	Mary	yland	
	P 2		Usual Rasidance of Decedent 10e. Stete 10b. County		100 City T	Town or Location					T.	Od trails Ob their	
	ahow ahow	5	Too. Oddiny					1	Od. Insida City Limits				
	No Tall	cto	Maryland St. Mar	y's	Cal	ifornia						1 ☐ Yes 2√2 No	
	5 6	Director	10e. Street and Number			10f. 2	Ip Code			10g. Citizen of V	Vhat Coun	itry?	
	23a	ai	24022 N. Patuxen	t Beach Ro	oad	2	0619			United	United States		
	dea dea	Funeral	11. Meritel Status	12. Wes Decedant B	Evar in U,S.	13. Wes Dec	edani of	Hispanic Origin? (S ban, Mexican, Puart	pecify Yes or N		e - Amaric	an indian,	
0	if a	F	1 ☐ Nevar Married 2 ☐ Married	Armed Forces?	No				o Hican, atc.)	Bled	ck, Whita,	atc.	
21215-0020	72 hours after death with the Maryland naturel, or items 23s or 28s-f show ficel Examiner roust be notified at	by	3 ☑ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Dates:		1 ∐ Yas	2 🔀 No	Specify:		Specify	Whi	ite	
9	n 72 hours	Completed	15. Decedant's Edi	ucation	1	16a. Decedant's Us	ual Occu	petion		16b. Kind of Bu	usinass/inc	dustry	
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12	liled within Hygiene. ther than "	E	Elamentary/Secondary (0-12)	Coilage (1-4or 5	i+)	Homema		,		N7 / A			
	Hygie ther ther	Ö	17. Fathar's Nama (First, Middla, Last)			пошета	rer	18 Mothads Nar	ne (First Middl	a, Maiden Sumam	ia)		
an	should be liled within of Mental Hygiene. marked other than imatic event, the Mi	Be								a, margor corrier	-		
3	should in Meni	70	Albert L. Fish					Mae Bel					
Maryland	2 sho		19a. Informent's Neme/Ralationship (T	, , ,		_		t and Number or Ru					
	s 1 and 2 should be liled within 72 ht I Health and Mental Hygiene. Item 27 is marked other than "natur other traumatic event, the Medical		Patricia Zimmerm	an, Daugh				nd Street	, Oxnar	d, Calif	ornia	1 93033	
Ore	of H		20a. Mathod of Disposition	D	20b. Plac	a of Disposition (A etery, cramatory o	lama of r othar pla	ace)	Data	20c. Location -	City or To	wn, Stata	
Baltimore,	0 = = 0		1 ☐ Burial 2 ☐ Cramation 3 ☐ I 4 ☐ Donation 5 ☐ Othar (Specify,		St. A	Alovsius	Ceme	tery 12	119/96	Leonard	tour	Maryland	
Ħ	Department mportant: any Injury		21. Signature A uneral Bervice Lune	00 /- //	/	22. Neme	end Addr	ass of Facility			_Owit,	Maryland	
ä	permit. Departu Importa any Inju		delivery, Br	MXI		Brins	sfiel	d Funera					
			Edward N. Brin	skield, JF	R. MOOC	052 P.O.	Box	279, Leo	nardtow	n, Maryl	and 2		
J.			23a. Part1. Enter tha diseasa, or comp shock, or haart feilure. List only o	lications that caused ina causa on each lin	I the daath. I	Do not antar the m	ode of dy	ing, such as cardia	c or raspiratory	arrest,	i	Approximata intarval Between	
	Physician			()	(TA	1	7 /)			1	Conset and Death	
	/Medical		Immediata Cause (Finel disease or condition	ease or condition									
ш	Examiner		rasulting In death)	a.]	Due to (or as	s a consequence o	0:	XL		-0	2	7 /	
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	certificate be executed ding physician and se as the bunal-transit	Examiner	Sequentially list conditions	b. ///	Due to for as	a a corresponding	1	Mon	UV V	4	_	1004	
ó	icate be execu physician and s the bunal-tra		Sequentielly list conditions, if any, leading to Immadiata causa. Entar Underlying Causa (Disease or Injury		100	12/00	1	In		//		/	
68760,	sicle bull	cai	Causa (Disease or Injury that initieted events	0.	1	vue	4	urc	_	-//	-	1	
68	ficat phy sth	Medical	rasulting In daeth) Last	00	DOW ID (OF AS	a consequence of	8			0	1		
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Bo	death of attenual for u	lar									!		
o.	0 0 0	Physiciar	Part II. Other significant conditions co	ntributing to death bu	ut not rasultin	ng in tha undarlying	causa gi	ivan in Part i.	23b. Did	tobacco uss co	ntributs to	the cause of death?	
σ.	requires that the seen signed by th hould be detech	P							10	Yes 28 No	3 Prot	bably 4 Unknown	
	es the igned be de	by								-)			
Records,	require been si should I									s an autopsy	24b. Wa	ara autopsy findings allabla prior to	
8		Completed							per	lomed?	100	mpiation of caused	
Re	has b	Ē										(VU)	
	: The la								1	Yea No	1 🗆	Yes 2 No	
Vital	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical axaminer?	11			10	26. Plece of Dec	eth (Check only	ona)			
of	shyst this o	은	1 ☐ Yes 2 ☐ No	Hospital:	nt 2□ER	VOutpatient 3□ I	DOA O	her: 4 Nursing H	loma 5 ☐ Res	sidence 6 Oth	er (Specit)	v)	
		ü	27. Manner of Death 1 Maturel 5 ☐ Panding	28a. Date of Injur (Month, Day		Bb. Tima of injury	28c. inju Wo	iry at	28d. Describe	how Injury occur	ber		
0	Attending or death. ector: After by the fune	atic	2 Accidant Invastigation			М		Yas 2□No					
Division	or Attend after death Director: /	il lo	3 Suicida 6 Could not be determined	28e. Piece of Inju	ury - At homa	a, farm, street, fact	ory, office			(Street and Numb	er or Rura	I Route Number,	
Ö	s after I Direct Id in by	Certification:	- Littinoda	building, etc	. (Зреспу)				City Or 1	own, Stata)			
	To the Hospital within 24 hours a To the Funeral Completely filled		29a. Cartifiar Certifying Phy	sician: To the best o	of my knowla	dge, death occurre	d at the ti	ima, data and pleca	, end due to the	a cause(s) and ma	nner es si	leted.	
	P Ho 24 I	edicai	(Check only one) Medicai Exami	inet: On the basis of and mannar sta	axamination	and/or Invastigation	on, in my	opinion, daath occu	rred et the time	, date end plece,	and dua to	the cauaa(s)	
	ithin w	Me	29b. Signeture end title of cartifiar	11 1		1 2	9c. Licen	se number		29d. Dete signe	(Month.)	fav. Your)	
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			NCO /	ENIC	74	NO	D064	419		14	10/	10	
		l l	30. Nama and addrass of person who co	mplated cause of de	eeth (Item 23	Be) (Type, Print)							
			J. Patrick Jarbo				onar	dtown, Ma	ryland	20650			
	Sta	ite	31. Data filed (Marile Day, Yags) 100	G 32 Feelstr	lds Signature	Rost-11							
	Registr	ar	Pro 1 0 122	July a	MINNESS .	a chillian in							

			State of Maryl	and / Dep			Mental Hygi	ene a	6 40689		
Dhualaia		1. Decedent's Neme (First, Middle, Las	st)				2. Dete of Deeth		3. Time of Deeth		
Physicia /Medica		THOMAS MA	TTHEW		W	OOD	December	$\frac{26}{26}$, 19	96 8:49a.m.		
Examine		4e. Fecility Neme (If not institution, give				4b. City, Town, or L	ocation of Deeth	4c. County of	Deeth		
11 600	Ц	St. Mary's Hos	pital			Leonardto					
Funeral Director		5. Sociel Security Number 218-18-6870 Usuel Residence of Decedent	ex 7. Age (in graph of the first of the fir	yrs. lest birthdey 72 Yrs.	Months De		8. Dete of Birth (Month, Dey, Sept 22,	^{Yeer)} 1924	Birthplece (State or Foreign Country) Maryland		
ith with the Maryland 23s or 28s-f show ust be notified at	ctor	10a. Stete 10b. County MD St. Mar		City, Town or L	ocation				10d. Inside City Limits 1 ☐ Yes 2 ☑ No		
部 62 B	S. C.	10e. Street end Number			10f. Zip Cod	9	10	g. Citizen of Whe	et Country?		
23a	6	49804 Fresh Pond	Neck Rd.		20	0680		USA			
Ind 21215-0020 be filed within 72 hours after death with the Maryland lal Hyglene. d other than "naturel", or items 23a or 28s-f ahow event, the Medical Examiner must be notified at	by Funeral Director	11. Meritel Stetus 1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever if Armed Forces? 1 Yes No If Yes, Give Yeer or Detes;	n U,S. 13.	Wes Decadent of If Yes, specify C	of Hispenic Origin? (Spuban, Mexican, Puerto lo Specify:	pecify Yes or No- Rican, etc.)		American Indien, White, etc. White		
Maryland 21215-0020 d 2 should be filed within 72 hours aft th and Mental Hygiene. The marked other than "naturel", or traumetic event, the Medical Exam	Completed	15. Decadent's Ed (Specify only highest gra- Elementery/Secondery (0-12)	ucation de com <i>pleted)</i> College (1-4or 5+)	(Giv	edent's Usuel Oct e kind of work do DO NOT use ret	ne during most of world ired)	king	6b. Kind of Busin			
12 L	ဒိ	11				Sheet M			vernment		
be filed that the other ownt,	Be	17. Fether's Neme (First, Middle, Last)				18. Mother's Nam	e (First, Middle, M	elden Sumeme)			
Maryland 212 d 2 should be filed within in and Mental Hyglene. 7 Is marked other than traumetic event, the M	2	James Walter Wood	-				Anna Ter				
Mal 12 st 12 st 1 and 1 and 1 and 1 and		19e, Informent's Neme/Reletionship (7				et end Number or Ru					
e, land 1 an	-	Lucy Elizabeth Wo				Pond Neck					
DOE GOOD OF OF OF OF		20e. Method of Disposition 1 ☑ Burlel 2 ☐ Cremetion 3 ☐	Removel from Stete	cam <i>etery, cre</i>	osition (Neme of metory or other p				y or Town, State		
timen tant: Pa		4 □ Donetion 5 □ Other (Specify) 8	Herery	12/28/96	Ridge	, MD				
Baltimore, M. pemil. Pages 1 and 2 Department of Health a Important: If Item 27 Is any injury or other tra		21. Signature of Funeral Service Licen	Larder	- M		dress of Fecility ey-Gardine 270 Leona			P.A.		
760 se be		Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	Due to	o (or es a conse o (or es e conse o (or es e conse	quence of);	hovorec	la con	lent o	pohu.		
Box	200		d								
P.O. nat the dby the detached	rnysic	Pert II. Other significant conditions co				given in Pert I.			bute to the cause of death? Probably 4 Unknown		
2 s b	pieted by	E/P Coul	overtular o	accidu	FI		24e. Wes an performe	autopsy 2 ed?	4b. Were eutopsy findings evailable prior to completion of cause of death?		
The law ate has page 2:	5						1 ☐ Yes	20 No	1 ☐ Yes 2 ☐ No		
Vital Riclan: The certificate rector, pag		25. Wes case referred to medical				26. Plece of Deet	h (Check only one)				
of Vita Physician: this certific ral director.		examiner? 1 Yes 2 No	Hospitel: 1 Inpatient 2	ER/Outpatie	nt 3 DOA	Mhor	me 5 Residen		Specify)		
Division of white Hospital or Attending Physwithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral di Mardinal Certification: Tr		27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigation	28a. Dete of Injury (Month, Dey Year)		1 28c. In		28d. Describe how		Ореску		
Division Attended in Division Attended in Direct led in by		3 Sulcide 6 Could not be determined	28e. Place of Injury - A building, etc. (Spe	t home, ferm, st ecify)	reet, fectory, offic	8	281. Location (Stre City or Town,	et and Number o Stete)	or Rural Route Number,		
Division To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completely filled in by the t Mardinal Certificati		one) 2 Medical Exami	sician: To the best of my k ner: On the basis of exem end menner steted.	rnowledge, deet inetion end/or in	h occurred et the vestigetion, in my	time, date end pieca, opinion, deeth occurr	end due to the cau red et the time, det	se(s) end menne e end pleca, end	er es stated. due to the ceuse(s)		
Vithi To th	1	29b. Signature and title of certifier	0		29c. Lice	nse number	290	I. Dete signed (A	fonth, Dey, Year)		
		Maria .	ten			001301) 1	2.27	96		
		90. Neme end eddress of person who co			,	RTS BLDG.			20650		
State Registrar		DEC 3 0	32. Registrer's Signature of								

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

			State of Mary		-	of Death		eg. No.	96 1	+0690
	Physici	an	1. Decedent's Name (First, Middle, Last)				2. Date of Deat Month	h Day	Year	3. Tima of Death
	Physici /Medi		AGNES ELIZABETH AB	ELL			December			9:45p.m.
а	Examir	ner	4a. Facility Name (If not institution, give street and number)			4b. City, Town, or	Location of Death	4c. County	of Death	
L	AUR I		St. Mary's Hospital		i Milada d	Leonard		St.	Mary	
	Funerai Director		5. Social Security Number 2 1 5 − 6 4 − 5 4 2 7 Usuel Residence of Decedent 7. Age (In	yrs. last birthda 88 Yrs.				Year) 4,1908	9. Birthplac Country Mary	l and
	how			. City, Town or	Location			10-00	10d	l. inside City Limits
	he Ma	Director	Maryland St. Mary's	Leona	rdtown					1 ☐ Yes 2 ☐ No
	with the sor				10f. Zip C			og. Citizen of V		7
	a 23	era	23355 Bayside Road 11. Maritel Status 12. Was Decedent Ever	In II S 1		0 6 5 0		U.S.A.	e - American	Indian
020	should be filed within 72 hours efter death with the Maryland nd Mental Hygiene. marked other than "natural", or items 23a or 28=4 show immade event, the Medical Examinations must be notified at	by Funerai	11. Maritel Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced 12. Was Decedent Ever Armed Forces? 1 □ Yes 2 ☑ No if Yes, Give Year or Dates:	10,3.	if Yes, specif	nt of Hispanic Origin? (sy Cuben, Mexican, Puer No Specify:	rto Rican, etc.)		k, White, etc	3.
Ö	2 hor	ted	15. Decedent's Education	16a. De	cedant's Usual	Occupation done during most of wo		16b. Kind of Bu		
21215-0020	ithin 7	Completed	(Specify only highest grade completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+)	life	e. DO NOT usa	done during most of wo retired)	orking			
7	ygien v	Co	7th Grade	Но	memake			Own H		
Maryland	hall H d off	Be	17. Father's Name (First, Middle, Last)				me (First, Middle, N		,	
2	d 2 should in and Men 7 is marked traumatic	2	George Parren Johnson	101.11			otte Ann		-E-	
Z	is had		19a. informant's Name/Relationship (Type, Print)			Street and Number or R				
စ်	- PES		John Boothe Abell, II	b. Place of Dis	sposition (Name	side Rd.	Leonard	oc. Location -	MD 2	. 0 6 5 0
OL OL			1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)		rematory or oth	1				
Baltimore,	permit. Page Department of Important: If any Injury or pnce.		21. Signetyre of Funeral Service Licanses	St. Jo	seph (Demetery Address of Facility	12/30/96	Morg	anza,	MD
ñ	Ded Imp		mil off			ngley-Gar	diner Fu	neral	Home	P.A.
	1.000	V. 1	23a. Part1. Enter the disease, or complications that caused the a shock or haart failure. List only one cause on each line.	leath. Do not e	P.O. I	of dying, such as cardie	Leonard to or respiretory arre	own,	A	pproximate iterval Between
	Physician /Medical		immediate Cause (Finai		,				0	Inset and Deeth
	Examiner		disease or condition resulting in death) a. Dua b. Wal condition Dua	moni	a + lu	poxemi	æ			2 ml
L	Held 2	Jei	Dua	o (or as a cons	sequance of):					35.8
	d d ansit	mir		to (or as e cons					-	2 m.
o,	an an iriel-tr	Ex	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury	2 (01 00 0 00110	soquoriou ory.					
68760,	tificate be executed ig physician and as the buriel-transit	edicai Examiner	Cause (Disease or injury that initiated events resulting in death) Last	o (or as e cons	sequenca of):					
		age.								
ROX	ath ce trend or us	Physician/	d							
o.	the a	ysic	Part ii. Other significant conditions contributing to death but not	resulting in the	underlying cau	se given In Part i.	23b. Dld to	bacco uss cor	tribute to th	ne causs of death?
S,	v requires that the death cert been signed by the attendin should be detached for use	by Ph	Sich some note	Diseas	e = p	ocemali	1 1 Ye	2 No	3 Probat	oly 4 Unknown
Hecords,	law requir las been s 2 should	Completed					24a. Was ar parlorn	autopsy ad?	availa	autopsy findings able prior to eletion of cause
	sicien: The lew certificate has b lirector, page 2 s	E					1□ Ye	s 2 No		res 2□ No
	an: rtifica xtor, p	BeC	25. Was casa rafarred to medical			26. Place of Da	ath (Check only one			22.10
01 \	Physician: rthis certific rral director,	To	examiner? 1 Yes 2 No Hospitai: 1 Inpatient	2 ☐ ER/Outpat	ient 3 DOA	Other	forme 5 ☐ Reside		ar (Specify)	
0	fer th		27. Manner of Death 1 ☑ Natural 5 ☐ Pending (Month, Day Yea	28b. Time injury	of 28c	tnjury at Work?	28d. Describe ho	w Injury occurr	ed	
SIO	eath. or: A the fu	cati	2 Accident Investigation		М	1 ☐ Yes 2 ☐ No				
DIVISION	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	3 Suicide 6 Could not be datarmined 28e. Place of injury - building, etc. (Sp	it home, farm, s ecify)	streef, factory, o	office	28f. Location (Str City or Town		er or Rural R	oute Number,
	e Hospi 24 hou e Funer letely fill	edicai	29a. Certifier (Check only one) 1 Certifying Physicien: To the best of my 2 Medicat Examiner: On the best of examend manner stated.	knowledge, dea nination and/or	ath occurred et investigation, in	the time, date and place my opinion, death occu	e, and due fo the ca urred at tha tima, da	use(s) and ma ita and place, a	nner as state and due to th	e causa(s)
	within To th	M	29b. Sonature and title of cartifier	0	29c. L	icense number	29	d. Dete signed		
			Melun I Tom	1-5	7	201380		12.2	7.96	
		ŀ	30. Nama and address of parson who complated causa of death (Itam 23a) (Typ						
				ardtown		20650				
	Sta	te	31. Date filed (Month, Day, Year) DF C. 3.0 1996	geatura P	J. II					

State of Maryland / Department of Health and Mental Hygiene 4069 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** December 22, 1996 VIRGIE 600Ph MAE WETTEL /Medical 4a. Facility Nama (If not institution, give street and number, 4b, City, Town, or Location of Death 4c. County of Death Examiner Carroll County General Hospital Westminster Carrol1 If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1□ M 2対 F Yrs. 215-26-8301 Sept. 8. 1915 MD Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 N Yes 2 No Director Carroll Union Bridge 10e Street and Number 10f. Zlp Code 10g. Citizen of What Country? 5 S. Farguhar Street 21791 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces?
1 ☐ Yas 2 ☑ No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. 11. Maritai Status Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 Never Married 2 Married 1 Yes 2X No Specify: þ 3 Nidowad 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Assembly worker Shoe factory 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) Be Sterling Blackston Nettie Wetzel 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Norman L. Wetzel/son 9 N. Farquhar St., Union Bridge, MD 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Mt. View Cemetery 12/26 Union Bridge, MD 21. Signature of Funeral Service Licens 22. Name and Address of Facility Hartzler Funeral Home Union Bridge, MD 23a. Part. Enter the disease, or complications that cour d the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. Approximate Interval Between Onset and Death SEPTIC SHOCK Immediate Cause (Final disease or condition resulting in death) OSEUDOMEMBLANOUS Sequentially list conditions, if any, laading to immediate ceuse. Entar Undarlying Cause (Disease or injury that letters are not in the control of the contr by Physician/Medical that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? OBSTRUCTIVE PULMONARY 1 Yes 2 No 3 Probably 4 Unknown CHLONIC 24b. Were autopsy findings available prior to DISPASE, ASTITUA. 24a. Was an autopsy completion of cause of daath? 1 Yes 28 No 1 Yes 2 No 25. Was cese referred to medical examiner? Be 26. Piace of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 20 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Certification: To 1 Yes 27. Manper of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Invastigation Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifian (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 5 Chrestylder (M) DECEMBER 22,1996

State Registrar

Funeral

Director

items 23s or 28s-f show

event, the Medical Examiner must be notified at

0

"natural"

other than

Department of Health and Mental Important: If item 27 is marked or any Injury or other traumatic evenonce. Peges 1 and 2 should be nent of Health and Mental

Physician

/Medical

Examiner

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

death with the Maryland

hours after

altimore, Maryland 21215-0020

31. Date filed (Month, Day, Year) DEC 24 1996

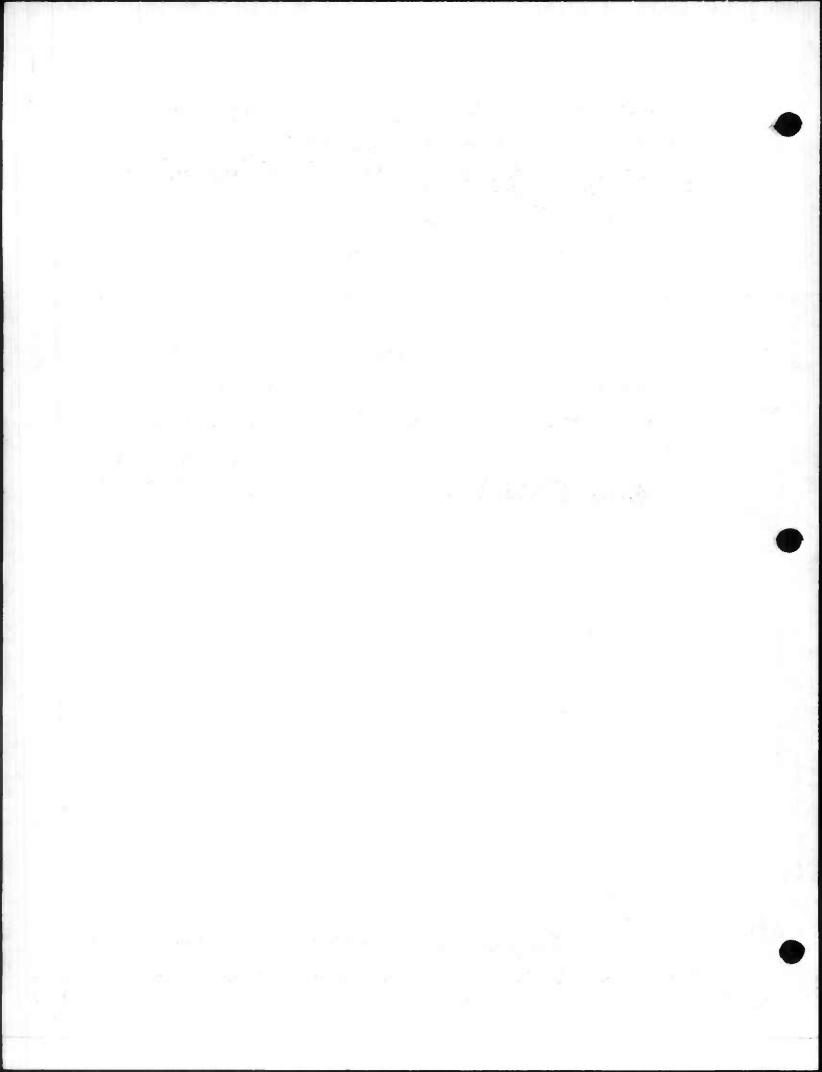
30. Name and address of person who complated cause of death (Itam 23a) (Type, Print)

SCHNEIBREDEN MD ZOOMEMONIAL AVENUE WESTMINSTER MANYLAND 32 Registrar's Signature

21157

septal or Attending Physician: Thours ofter death.
Ineral Director: After this certificate filled in by the funeral director, pa

To the Hospital of within 24 hours of To the Funeral D completely filled I



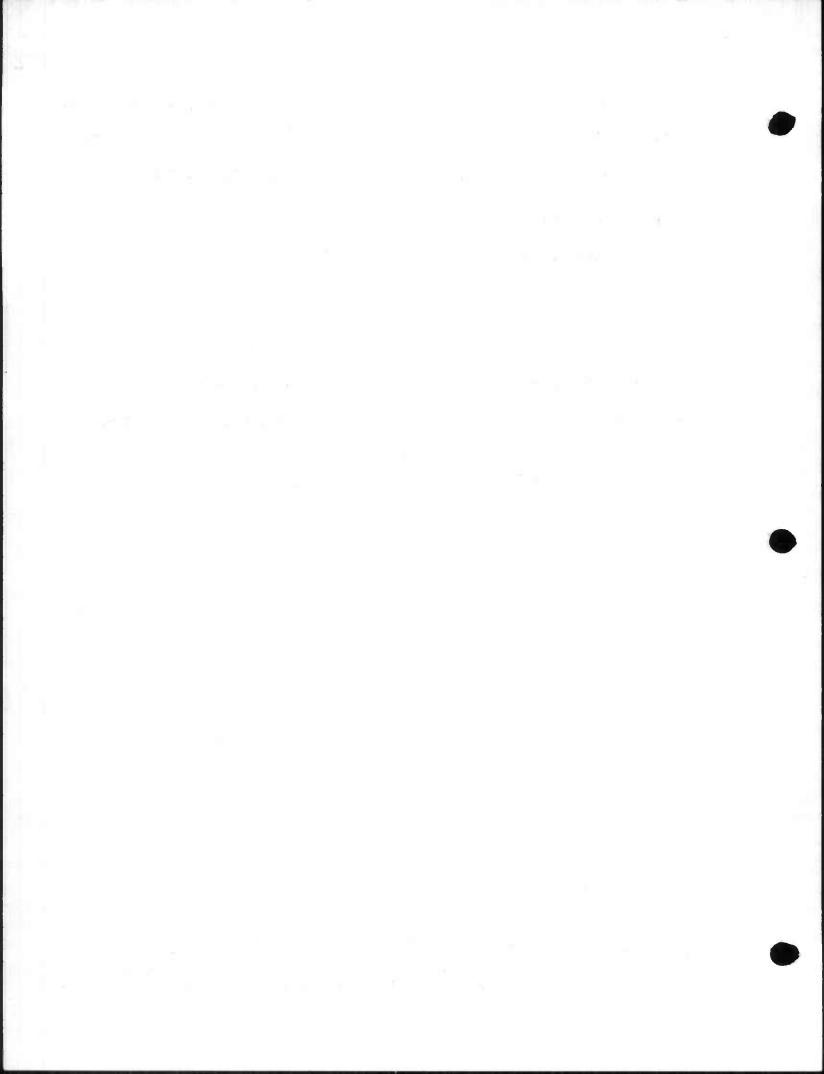
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96 40692

						Ce	rtificate o	of Death		Reg. No.	20	4005		
	Physic /Medi		Decedent's Neme (First, Middle Ada T				Wie	6FALL	2. Date of De Month	Dey	Year 1996	3. Tima of Deeth		
Ť	Exami		4a. Fecility Neme (If not institution					4b. City, Town, or	Location of Deati					
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9	Funeral Director		5. Social Security Number 220–32–8024	6. Sex 1 ☐ M 2 ☐ F	7. Age (In yrs. I	last birthday) Yrs.	If Under 1 Ye Months Day		1. (Month, Da	th ly, Year) 1935				
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ä	Depar fmpor any ir		Lewis N. Watson Funeral Home 1618 West Rd., Salisbury, MD 21801											
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of Vital		o Be	25. Wes casa referred to medica examiner? 1 ☐ Yes 2 ☐ No	Hospitel:		5010		Wher:	eth (Check only o					
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	To the Hospital or Attent within 24 hours efter death To the Funeral Director: completely filled in by the	edical	29e. Certifier 1 ☐ Cartifyin (Check only one)	Examiner: On the be	best of my know esis of exemineti ner steted.	vledge, deeth on end/or inv	occurred at the restigation, in my	time, dete end plac y opinion, daath occ	a, and dua to the urred et the time,	cause(s) end m dete end pieca,	enner es ste end due to	eted. tha ceuse(s)		
	Vithii Vomp	M	29b. Signature and title of certifie	1			29c. Lica	nsa number		29d. Data signe	d (Month, E	Day, Year)		
			Mou	gette	1 hu	5/	1/2	7676		12/1	9/91	4		

State Registrar



State of Maryland / Department of Health and Mental Hygiene

40693 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death **Physician** Month 29, 1996 Edgar Wilson Wingate, Sr. December 10:00AM /Medical 4e. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 3620 Bonnie Lane Linkwood Dorchester If Under 1 Year 5. Sociei Security Number If Under 24 Hrs. B. Date of Birth Month, Day Year) June 13, 1936 Mary Land Funeral 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign 100 M 2□ F Months Days Hours 218-30-2184 60 Yrs Director Usuai Residance of Decedant the Maryland 10a State 10b. County Itam 27 is marked other than "natural", or items 23a or 28a-f ahow other traumatic event, the Medical Examiner must be notified at 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 No Directo Maryland Dorchester Linkwood 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3620 Bonnie Lane 21835 US Funeral 12. Was Decedent Ever in U.S. Armed Forcas? 1 ☑ Yes 2 □ No it Yes, Give Year or Dates: 56 58 Wes Decadent of Hispenic Origin? (Specify Yes or No if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Biack, White, etc. 11. Maritel Status permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mantial Hygiene. Important: If Item 27 is marked other than "natural", or ite any injury or other traumatic event, The Mantial Examine 1 Never Married 2 Married 1 Yes ZNo Specify: Baltimore, Maryland 21215-0020 White by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highest grede completed) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Coilege (1-4or 5+) Self Employed Septic System Service 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middla, Maiden Sumeme) Be Otis L. Wingate Myra Insley 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Rosalie B. Wingate 3620 Bonnie Lane Linkwood, Maryland 21835 20b. Piace of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1) Buriel 2 Cremetion 3 Removal from State Dorchester Memorial Park 1/2/97 4 ☐ Donation 5 ☐ Other (Specify) Cambridge, Maryland Funeral Service Licansee 21. Signeture 22. Name end Address of Facility Thomas Funeral Home, P.A. 23a. Print Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haart tailure. List only one cause on each lina. Approximete Interval Between Onset and Deeth **Physician** Metustatic gastric Carcenoma /Medical Immediata Cause (Finai diseasa or condition resulting in death) **Examiner** Examiner the buriel-transit The law requires that the death certificete be assecuted Sequentially list conditions, if any, laading to immediate causa. Entar Underlying Cause (Disease or Injury that Initiated evants resulting In deeth) Lest attending physician and Due to (or as a consequence of): Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): use as ò Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed b by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 s 1 Yas 2 No certificate 1 ∏Yas 2 □ No Division of Vital or Attending Physician: Be 25. Was case raferrad to medical 26. Placa of Death (Check only one) Other: 4□ Nursing Home 5 Pesidanca 6 □ Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Death Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fun 1 Naturai 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide Placa of Injury - At home, farm, street, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the bast of my knowledga, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end menner stated. edicai 29a. Certifier (Check only one) 29b. Signatificand title of certifip 29c. License number 29d. Dete signed (Month, Day, Year) 96 30. Name and address of person who completed cause of daath (item 23a) (Type, Print). Easto Idewild 21601 31. Date filed (Month, Day, Year) 32. Ragistrar's Signature State DEC 31 Registrar

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Certificate of Death	Reg. No.		
State of Maryland / Department of Health and Mental Hy	giene 9	6 40	694
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Physician /Medical Examiner
Funeral

Directo

permit. Pegas 1 and 2 should be filed within 72 hours after death with the Maryland Department of health and Mental Hyglena. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified at Physicia

Baitimore, Maryland 21215-0020

/Medica Examine

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vitai Records, P.O. Box 68760,

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State Registrar

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

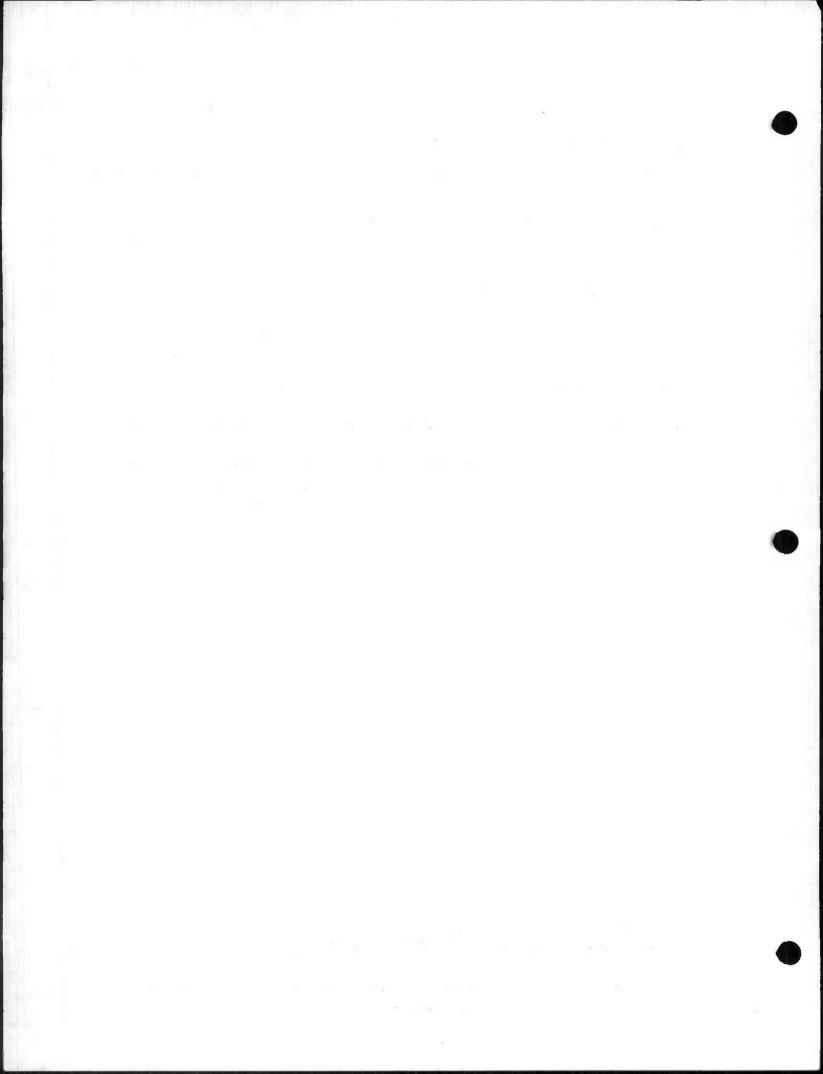
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Division of Vital Records,			1 Natural 2 Accident	5 Pending Invastigation				No							
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State of Maryland / Department of Health and Mental Hygiene 40696 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Death Physician Month Donald George Andersen December 23,1996 4:00 AM /Medicai 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Silver Spring
If Under 24 Hrs. 8. Detection Springbrook Adventist Nursing Center Montgomery 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) 9. Birthplace (State or Foraign Country) **Funeral** 1⊠M 2□ F Days Min. Director 578-50-5049 90 June 3, 1906 Nebraska Usual Residence of Decedant the Marylend 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be notified at Director 1 ☐ Yes 2 No Maryland | Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? ò items 23a 11103 Dodson Lane 20902 Funeral IISA 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black. White, etc. 72 hours efter 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 natural', or 1 ☐ Yes 2 ☑ No Specity: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed event, the Medical 15. Decedent's Education (Specify only highest grade com 16e. Decedant's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry completed) should be filed within 7 and Mental Hygiena. Elementary/Secondary (0-12) Collage (1-4or 5+) Procurement Officer Federal Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Peges 1 and 2 should be fill ment of Health end Mental High 27 1s marked oth Be To Gustave Andersen Margaret Johnson 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 19e. Informant's Neme/Reletionship (Type, Print) Important: If health any injury or other traunonce. Adelia E. Andersen 11103 Dodson Lane Silver Spring, Maryland 20902 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, State Dete 1 ☐ Buriel 2 Tremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 12/23/96 Alexandria, Virginia Metropolitan Crematory 21. Signature of Funeral Service Licansee 22. Neme end Address of Fecility Francis J. Collins Funeral Home, Inc. ala 500 University Blvd., W., Silver Spring, MD 1500 University Blvd., W., Silversity Blvd., 20901 Approximete Intervel Batween Onset and Deeth **Physician** /Medicai Immediate Cause (Final eumonia diseese or condition rasulting in daath) Examiner Dua to (or, as a consequence of): The law requires that the death certificete be axecuted Sequentielly list conditions, if eny, laading to immediate cause. Entar Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Dua to (or es e consequenca of): P.O. Box 68760. physician 4 ent Physician/Medical the Due to (or es e consequenca of): 88 195 culor disease 0 950 ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Were eutopsy findings evalleble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? page 2 certificate 1 🗆 Yes 2 X No 1 Yes Division of Vital or Attending Physician: 25. Wes casa rafarred to medical axeminer? Be 26. Placa of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 10 Other: 4 Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 1 ☐ Yes 2 No this funeral Certification: 27. Mannar of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Natural 2 Accident 5 Pending investigation s efter death. 1 ☐ Yes 2 ☐ No in by tha 3 Suicide 6 Could not be datarmined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours of To the Funeral Completely filled Hospital pelli Medical 29a. Cartifie Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the ceuse(s) and menner es steted.

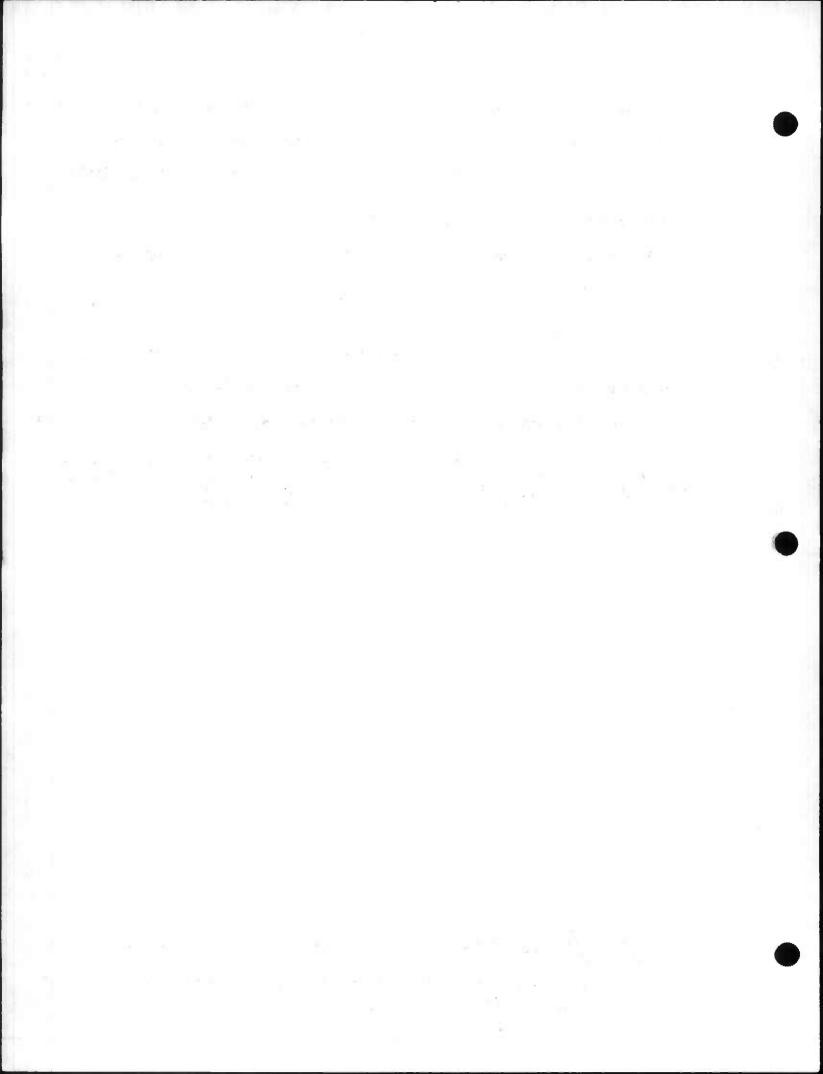
Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, dete and piece, and due to the ceuse(s) end manner stated. (Check only one) 29b. Signeture and the of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme end eddress of person who completed cause of death (Item 23a) (Type, Print) 14201 Laurel Park Drive #102 Laurel, Maryland Pau1 Armstrong, M.D. 82. Registrer's Signeture 31. Dete filed (Month, Dey, Year) State DEC 2 6 1996 Registrar

DHMH 16 Rev 6/95



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or 28a-f s	10e. Street and Number	10f, Zip Code		10g.	Citizen of Whet	Country?			
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of Healt	20a. Method of Dtsposition 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel from State	20b. Place of Disposition (Neme of cemetery, cremetory or other pl	eca)	Date 200	c. Location - City	or Town, Stete			
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permit. Pages 1 Department of H Important: If Ne any injury or ott	21. Signatura of Funeral Service		ress of Facility Hin ew Hampshi			al Home			
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250 1	4 Homicide building, etc.	(эреспу)		City or Town, S	nate/				
within 24 hours after death To the Funeral Director: completely filled in by the Medical Certifical	29a. Certifier (Check only one) Certifying Physician: To the best of 2 Madical Examiner: On the basis of end marner state	examinetion end/or tovestigetion, in my	ime, date end plece, o optnton, death occurre	and due to the ceus ed et the time, dete	e(s) and manner end plece, end d	as stated. ue to the cause(s)			
Nithin Somple	29b. Signature and title of certifier		sa number	29d.	Data signed (Mo	nth, Day, Year)			
2,0	10 ch 25	D D	44120	I	December	17, 1996			
	30. Name end eddress of person who completed cause of de	ath (Item 23e) (Type, Print)							
2	and - sand - the sand - the sand - the sand - the sand								
3 State	Takao L. Sato, M.P.H. 9715	Medical Center Dr	ive, #503,	Rockvill	Le, Mary	land 20850			

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 40698 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Daath **Physician** HELEN ABRAMSON DECEMBER 16, 1996 5:05 AM /Medicai 4a. Facility Nama (If not institution, giva street and number, 4b. City, Town, or Location of Deeth Examiner 4c. County of Death HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY 5. Social Security Number If Undar 1 Yaer If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) APRIL 17,1911 7. Aga (In yrs. last birthday) **Funeral** Birthplaca (Steta or Foreign Country) Days 1□ M 2√ F Months Hours 055-10-6263 LATVIA 85 Yrs. **Director** Usual Rasidance of Dacadant death with the Manyland show 10b. County 10c. City, Town or Location 10d. Insida City Limits MARYLAND MONTGOMERY r than "natural", or items 23s or 28s-f si the Medical Examiner must be notified Director SILVER SPRING 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 3 SADDLEROCK COURT 20902 Funerai UNITED STATES or items 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Detas: 11. Maritel Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Black, White, atc. Pages 1 end 2 should be filed within 72 hours after 1 Navar Marriad 2 Married 1 ☐ Yas 2 XNo Spacify: ρ Specify: WHITE 3 Widowad 4 Divorcad Completed 15. Decedant's Education 16a. Decedent's Usual Occupetion (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry (Specify only highast grada complated) I Hygiene. Elementery/Secondary (0-12) Collega (1-4or 5+) 10 HOUSEWIFE OWN HOME traumatic event. 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Meidan Surname) Be of Health end Mental MOSHE POLLOCK "UNKNOWN" KURLAND 2 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Steta, Zip Code) MICHAEL ABRAMSON (SON) 934 RIVA RIDGE DRIVE - GREAT FALLS, VIRGINIA 22066 other 20b. Placa of Disposition (Nema of camatary, cramatory or other pleca) 20a. Method of Disposition Deta 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramoval from Stata permit. Page Department Important: If any injury or 4 ☐ Donetion 5 ☐ Othar (Specify) KING DAVID MEM. GARDEN 12/18/96 FALLS CHURCH, VIRGINIA 21. Signatura of Euneral Sarvice of Con 22. Nama and Address of Fecility DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1 de 1170 ROCKVILLE PIKE - ROCKVILLE, MARYLAND 20852 23a. Part1. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximata Intarval Between Onsat and Death **Physician** /Medical Immediata Causa (Finel disaesa or condition rasulting in death) AORTIC_STENOSIS 2 YEARS Examiner Dua to (or as a consequanca of): Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avents resulting in daath) Last buriel-tran and Dua to (or as e consequence of): attending physician Physician/Medical the Dua to (or as a consequanca of) 98 ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yas 2 No 3 ☐ Probably 4 ☐ Unknown þ 24b. Wara autopsy findings available prior to complation of cause of daath? Completed 24a. Was en autopsy performed? page 2 1 Yes 2 No certificate 1 Yas 2 No Hospital or Attending Physician: Be 25. Wes casa referred to medical 26. Piece of Death (Check only ona) Other: 4 Nursing Homa 5 Residance 6 Other (Specify) 2 1 Yas 2 XNo 1 XInpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Data of Injury (Month, Day Year) 27. Manner of Daath Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding Investigation 1 Netural 1 Yas 2 No deeth 2 Accident Director: in by the 3 Suicida 6 Could not be datarminad 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28a. Plece of Injury - At homa, farm, straet, factory, office building, atc. (Specify) 4 - Homicide within 24 hours at To the Funeral Di completely filled in 157 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, and due to the cause(s) and menner as stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. edicai 29a, Cartifia: 29b. Signature and-titletof certifier 29c. License number 29d. Data signed (Month, Day, Year) D40661 DECEMBER 19, 1996 aucicio 30. Neme and address of person who complated cause of daeth (fram 23e) (Type, Print) 0 10313 GEORGIA AVENUE #307 - SILVER SPRING, MARYLAND 20902 ALAN SCHNEIDER

State

Registrar

31. Dete filad (Month, Day, Year) DEC 2 4 1996 32. Registrer's Signatura whia Davidson andell

DHMH 16 Rev 6/95

Maryland 21215-0020

Baltimore,

Division of Vital Records, P.O. Box 68760

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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J	Physician	1	shock, or haart failura. List only	ona causa on each line.		ar tria moda or sy.	ng, out a our ou	o or raopilatory and		1	Interval Between Onset and Death
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey 30, 1996 Month **Physician** 4:30am. December Hommer Lee Allen /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Charles Bryans Road 2207 Garden Lane If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 6. Sex 1 M 2 □ F 5. Social Security Number 8. Dele of Birth (Month, Dey, Year)

March 11,1928

9. Birthplace (State or Foreign Country)

West Virginia 7. Age (In yrs. lest birthdey) **Funeral** Months Yrs Director 68 235-44-0550 the Maryland 10e Stete 10h County 10c. City, Town or Location 7 is marked other than "natural", or hems 23a or 28a-f show traumatic avant, the Modical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland Charles Bryans Road 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral death 2207 Garden Lane 20616 U.S.A. 12. Wes Decedent Ever In U,S.
Armed Forces?

1 Yes 2 No
If Yes, Give
Yeer or Deles: Korea 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Mental Status permit. Pages 1 and 2 should be filed within 72 hours effer of Department of Health and Mental Hygiene. Important if flem 27 is marked other than "natural", or her any injury or other traumatic avant. The statement of the permits o 1 Never Merried 2 Nerried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: p Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15 Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 8 Golf Maintenance Worker State Park 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) Be 0 Kenny H. Allen Rose L. Grimes 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. informent's Neme/Reletionship (Type, Print) Eleanor Ayers Allen Wife Same as #10 20e. Method of Disposition 20b. Plece of Disposition (Name of cametery, cremetory or other plece) Dete 20c. Location - City or Town, Stata 1 N Buriel 2 □ Cremetion 3 □ Removel from Stete January 2,1997 4 ☐ Donation 5 ☐ Other (Specify) Lewis-Critchley Cemetery Danise, West Virginia 21. Signature of Funeral Service Lice 22. Name end Address of Fecility Williams Funeral Home, P.A. M00668 P.O. Box 573, Indian Head, Md. 20640 Box. Complete the mode of dying, such as cardiec or respiratory errest, lure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel 97 MO disease or condition resulting in death) Examiner Due to (or as e consequence of) Examiner buriel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest and Due to (or es a consequence of): physician s the buriel Box 68760. Physician/Medical Due to (or es e consequence of) 80 ettending O P.0. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. the the detached 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records. by 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes en autopsy performed? Completed peen : hes page 2 certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; a 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) exeminer? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? Netural 5 Pending 1 Tes 2 No 2 Accident investigetion 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) 4 Homicide Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29e. Certifier Medical (Check only one) 29b. Signeture and title of certifier 29d. Dete signed (Month, Day, Year) 30 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) Dr. Krishan 0 9 1996 July Davidson Randall 31. Dete filed (Month, Day State Registrar

State of Maryland / Department of Health and Mental Hygiene

40701

Certificate of Death Reg. No 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** INDERSON OTTIE DEC 20 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY If Under 1 Year if Under 24 Hrs. Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) **Funeral** 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Months Days 1 ☐ M 2 💢 F 92 Yrs. Director 238-22-1820 8-6-04 FLORIDA Usual Residence of Decedent the Maryland Show 10e, State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral', or items 23a or 28a-f show N/A N/A Director WASHINGTON, D.C. 1 X Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 148 UHLAND TERR, N.E. Funeral 20002 Peges 1 and 2 should be filed within 72 hours after death nent of Health end Mentel Hygiene.
ant: If Itam 27 is marked other than "natural", or Itams 23 ury or other traumatic event, the Mexical Example Trust UNITED STATES AMERICA 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Maritel Status 14. Raca - American Indian, Bieck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ Specify 3 ₩idowed 4 Divorced Yeer or Dates BLACK Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 11th GRADE COOK PRIVATE 17. Father's Neme (First, Middle, Last) Be 18. Mother's Neme (First, Middle, Melden Surname) To UNKNOWN UNKNOWN 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MAGOLINE R. CORNEY 1328 NICHOLSON ST. HYATTSVILLE, MD. 20782 20a. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, State 1 Deurial 2 Cremetion 3 Removel from Stete Department of Important: If any injury or once. 4 □ Donetion 5 □ Other (Specify) MARYLAND NAT. MEM. PK 24 DEC 96 LAUREL, MD. 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility JOHNSON & JENKINS INC. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. 716 KENNEDY ST. N.W. W.D.C. 20011 Approximete Intervei Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting In deeth) nemones Examiner Due to (or es e consequence of): Examiner or Attanding Physician: The law requires that the deeth certificate be executed efter death.

Director: After this certificate has been signed by the ettending physician and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Box 68760, physician Physician/Medical the Due to (or es e consequence of): signed by the e Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert J. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown þ Completed 24b. Were eutopsy findings peed : 24e. Wes en eutopsy performed? avellable prior to completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes cese referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: Certification: To Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 20 No 1 Inpatient 2 ER/Outpetient 3 DOA funeral 28e. Dete of Injury (Month, Day Year) 27. Mennel of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending 1: Neturel investigation 1 TYes 2 □ No 2 Accident 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Pieca of Injury - At home, ferm, street, factory, office building, etc. (Specify) in by 4 Homicide within 24 hours e Hospital 1. Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.
2. Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end menner steted. 29a, Certifier Medicai (Check only one) \$ 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of perso of deeth (Item 23a) (Type, Print) completed ceuse 50 mea 31. Dete filed (Month, Day, M 32. Registrer's Signeture State Registrar

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

40702

Physician
/Medical
Examiner

Funeral Director

permit. Peges 1 and 2 should be filed within 72 hours effer death with the Marylan Depertment of Health and Mental Hygiene. Important: if them 27 is merked other than "natural; or item 23a or 28a-1 show any injury or other traumatic event, the Marilan Examiner must be notified at

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

ettending physician end for use es the buriel-transit Mospital or Attending Physician: The law requires that the death certificate be asset at the form of the death.

Parametal Director: After this conflictate has been signed by the ettending physician en any filled in by the futer this choice, page 2 should be detected for use as the buriel.

Division of Vital Records, P.O. Box 68760,

	1. Decedent's Name	e (First, Middle	a, Last)								2. Date of De			Vess	3. Time of Death
ın al	JUANITA		ВА	ARNES]	Month DECEMB1		26,1	996	10:00PM
aı er	4a. Facility Name (If	f not institution	, give stree	et and num	ber)				4b. City, Town,	or Loc	cation of Deat	h 4	c. Count	y of Death	-
	PRINCE GE	EORGES	GENE	RAL H	OSPITA	L			CHEVI	ERL	Y	I	PRIN	CE GE	ORGES
	5. Social Security No. 244-68-51	umber 164	6. Sex 1 ☐ M	7	7. Age (In yrs. 86	last birth	nday) 'rs.	If Under 1 Yea Months Days		Hrs. Vin.	8. Date of Bir (Month, De SEPT . 7	th v, Yea 1, 19	010	Cou	place (Stete or Foreigntry) H CAROLINA
	Usual Residence of 10a. State	Decedent 10b. County			10c Cit	ty, Town	or Loo	ation							4 Od. January Olive I Territ
tor	MD	P.G.				MER									10d. Inside City Limit 1 YP Yes 2 □ N
ie e	10e. Street and Num	nber				TILL	1 1 1 1	10f. Zip Code				10g. C	itizen of	What Cou	ntry?
Funeral Director	7735 OXM	AN RD						20785			11	SA			
Jer	11. Marital Status	mir ico.	12.	Was Dece	dent Ever in U	,S.	13. W	as Decedent of	Hispanic Origini	? (Spe	cify Yes or No				can Indian,
by Fu	1 Never Marrie		ed	Armed Ford I Yes If Yes, Give Year or Da	2 X No			Yes, specify Cu ☐ Yes 2X No	ban, Mexican, Pi Specify:	uerto F	tican, etc.)		Speci		
Completed by		15. Decedent	's Education	on		16a. [Decede	ent's Usual Occu	pation			16b.	Kind of E	BLA! Business/Ir	
ple		ify only highes	T	-	40-6-1	- ((Give k	ind of work done O NOT use retir	during most of	workin	9				
E	Elementary/Secon		'	College (1-	40r 5+)	НО	USE	WIFE				PRI	[VAT]	E	
Be C	17. Father's Name (Lest)						18. Mother's	Neme	(First, Middle,	Maide	n Suma	me)	
To B	IRVIN EDV	ZARDS							REGINA	A H	OLMES				
-	19a. Informent's Na		nlp (Type,	Print)		19b.	Meiling	Address (Stree	and Number of			er. City	or Town	State. Zii	n Code)
	HAZEL CAI			,		l l			D PALME		_	20			
	20a. Method of Disp			-	20b. F	Placa of I	Dispos	ition (Neme of			Date	20c. I	Location	- City or T	own, State
	1 ⊠ Burial 2 □			val from S	tate			etory or other pl	100)	1	100106				12000
	4 □ Donation 21. Signatule of Par		_		TA	YLOR	CE	METERY	ess of Fecility		/30/96			COUNT	Y,NC
	D A Signature of part	1 /	1	ná.			16	61 GOOD	HOPE RD MASON	. S	.E.WAS	HIN	GTON	,DC 2	20020
	23a. Part1 Enter th shock or hear	isease, or t lilure. List	complications only one co	ons thet ca euse on ea	used the deat ch line.	th. Do no	ot ente	r the mode of dy	ing, such as car	dlac or	respiratory a	rrest,			Approximate Interval Between Onset and Death
	Immediate Cause (F disease or condition resulting In death)		e	Cen	ehn Due to (c	012	L	In	onet	+	olo	1		1	few 428
Jer	resenting in death,			140	Due to (o	or es e co	onsequ	ience of):	Mea	+	- Nic	101	1		mont
Examiner	Sequentially list con if eny, leading to im-	nditions, mediete	b. √	1114	Due to (c		onsequ	enca of):	JITOL	u	1010	Cu			77.0700
a	Cause (Disease or I	rlying Injury	C											i	
og o	thet initieted events resulting in death) L	.ast			Due to (o	or as e co	nsequ	enca of):							
an/M		,	d												
SICI	Part II. Other signiffe	cant conditio	ns contribu	iting to dea	th but not res	ulting in t	the und	derlying cause g	iven in Pert f.		23b. Dld	tobacc	o uss co	ontributs t	o the causs of death
y Phy	Grast.	105	tom	74	ud	inc	7	trib.	e		10	Yss	e No	3□ Pro	bably 4 🗆 Unknow
to Be Completed by Physician/Medical	Deco	bit	ies	Ju	Pce	1	/				24a. Was perfo	an eut	opsy	8V	fere autopsy findings vailable prior to empletion of cause
dmo.											10	Yes :	2 DNO		déath? ☐ Yas 2 ☐ No
9	25. Was case referre	ed to medical							26. Plece of	Deeth	(Check only	one)			
0	1□ Yes 2□	No	Hosp	ital: 1 □ In	patient 2	ER/Outp	etient	3 DOA	her: 4 Nursin	ng Hom	ne 5 🗆 Resid	dence	6 □Ot	her (Speci	(y)
tion:	27. Menner of Death Netural Accident	5 Pending	3	8a. Date of (Month	Injury Day Year)	28b. Tir Inj	me of jury	28c. Inju W			8d. Describe				
erilic	3 Sulcide 4 Homlcide	6 Could n	ot be ned 2	Be. Place of building	of Injury - At he g, etc. (Specif	ome, fern	n, stree	et, factory, office		2	8f. Location (: City or Tox			ber or Rur	al Route Number,
Medical Certification:	29a. Certifier (Check only one)	Certifying Medical E	xaminer:	n: To the b On the bes	ils of examina	wledge, dition and/	deeth (occurred at the testigation, in my	ime, dete end pl oplnion, death o	lece, e	nd due to the d et the time,	ceuse(date er	s) and m	annar as a	stated. o the cause(s)
Me	29b. Signature and t	title of certifier	_ A					29c. Licer	se number			29d. D	ate sign	ed (Month,	Day, Year)
	1	à Ke	SV	C	101	91	41	D	201	0	8	1	21.	271	96

State Registrar 31. Date filed (Month, Day

30. Neme end address of person who completed cause of death (Item 23a) (Type, Print)

Rakesh Arora MD. 14300 Gallant Fox La. Bowie Md. 20715

32. Registrare Sign

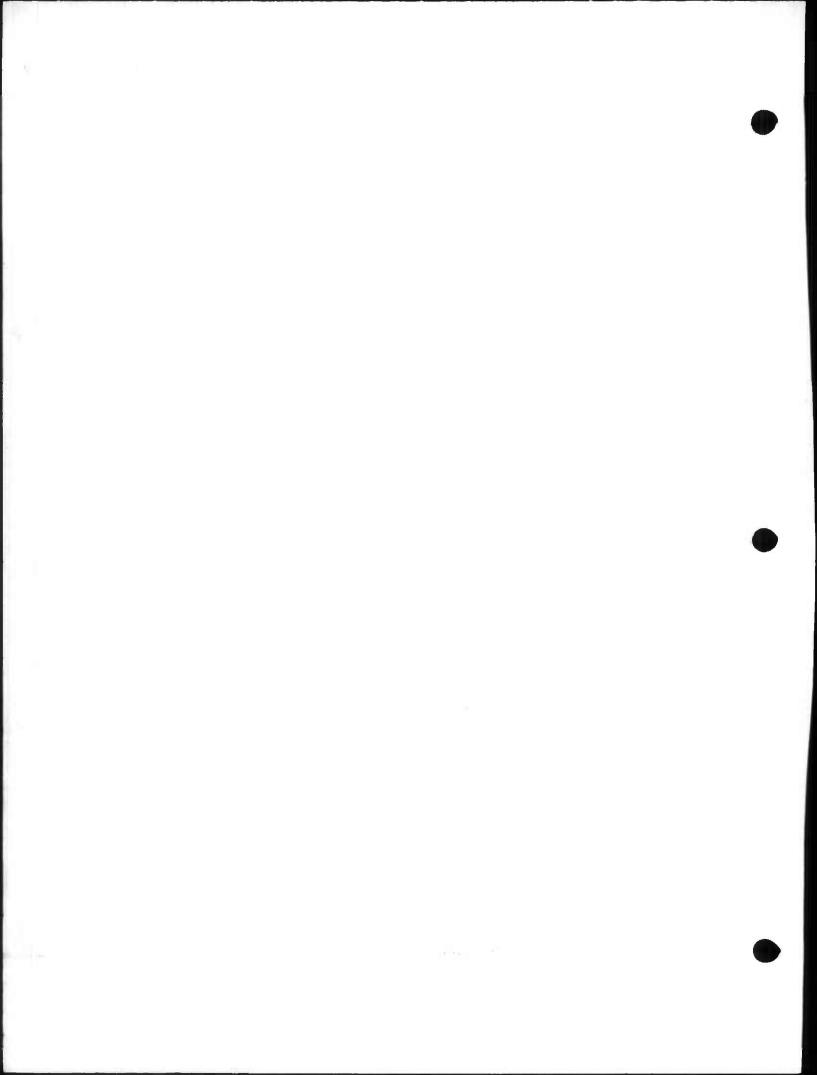
A RC-L Martine Teachers

20	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
N	VI THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.
57	TO TAE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
3	Defined whilm it hours after organ with the State Dopp, or regard an mental hygine produce to contact the medical examiner must be notified at once.

FOR STATE 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				ON I C	F DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEAT		3.	TIME OF DEATH
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							44		
A. 117.74.59 1. 107.055						(Month, Day, Ye.	7)	Country)	ICE (State or Foreign
		33	YRS.			6/24/37		W. VA	١.
				9b. CITY, TOV		ATH		Y OF DEAT	N
PRESIDENTIAL WOOD	S HEALTH C	ARE CE	NTER		ADELPHI		PG		
10e. STATE 10b. COUNTY	57/4		10c. CITY,	TOWN OR LO	CATION			10-	d. INSIDE CITY
DC	N/A			WAS	HINGTON				LIMITS?
44. OVERT AND MUNICE								110	YES 2 NO
100. STREET AND NUMBER					101. ZIP CODE		10g. CITIZE	N OF WHA	T COUNTRY?
509 OGLETHOR	PE ST NE				2001	1			USA
11. MARITAL STATUS	12. WAS DECEDENT EV	VER IN U.S. AR	MED	13. WAS		-	y Yee or No.— 14	I. RACE —	American Indian
1 Never Merried 2 Merried			Ю				.)		
3 Widowed 4 Divorced	II TES, GIVE TAN	OH DATES		''	TES 2 NO Specin	r:		Specific	LACK
15. DECEDENT'S FOLIO	CATION	18a DE	CEDENT'S II	SUAL OCCUR	ATION	165 KIND O	- BUILDINESS (IND.)	Tmv	
(Specify only highest grade	completed)	(G	ive kind of wo	irk done during		100. KIND O	BOSINESS/INDUS	PINY	19.00
Elementary/Secondary (0-12)	College (1-4 or 5+)	1			'D	COV	FDNMFNITA	Т	
12 TEARS	7 ILAND		OMNIO	JIMI III	/IC	901	EKNITENTA		
17. FATNER'S NAME (First, Middle, Last)									
WILLIAM I. E	SARRETT SR	•			LORETTA	A MAE HO	WARD		
19e, INFORMANT'S NAME (Type/Print)		191	MAILING A	DDBESS (Sta	at and Number or Burel	Bouts Number City of	Fraum Steden Zin C	odel	
	BARRETT	"	, maintage	SAME	AS 10A.B.	C.D.E.&F	NOWII, SININ, ZIJI CA	oue)	
20e. METHOD OF DISPOSITION 1-1-1 Burlet 2 Cremetion 3 Reme	oval from State				(Name of	DATE 20	LOCATION - CH	y or Town,	State
4 Donation 5 Other (Specify)		HARMO	NT PIE	MUKTAL	PARK	14/28/96	LANDOV	ER,	MD.
21. SIGNATURE OF FUNERAL BERVICE LIC	ENSEE *			22. NAM	E AND ADDRESS OF FA	CHIMITATES	CO IN	C	
	1	11							
Lucan	much	4		-	3030 I.	ZTH ST N	E, DC 20	OT/	
23. PARO L Enter the diseases, or c	complications that co	tused the de	eth. Do no	enter the	mode of dying, suc	h as cardiac or i	espiratory srres	it,	Approximate
	List only one ceuse	on each ilna							Interval Between
									Onset and Death
resulting in desth)	B				Y ARREST				S-10 WK
	DUE TO (OR	AS A CONSEC	DUENCE OF):	:					ADDDOV
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	DUE TO (OR								
cause. Enter UNDERLYING		CHR	ONIC (OBSTRU	CTIVE LUNG	G DISEAS	E		YEARS
	DUE TO (OF	AS A CONSE	DUENCE OF						
resulting in death) LAST					ARDOSTS				YEARS
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PART ii. Other significent condition		eth hut not -							
	s contributing to de-		esulting in	the under	ving cause given in	Part I 24a W	VOROTILIA NA P	T 245 WE	DE AUTOROV EINDINGS
HEDATITIC	s contributing to de	atii but iiot i	eculting in	the underl	ying cause givan in	Part i. 24s. WP	S AN AUTOPSY RFORMED?	AM	RE AUTOPSY FINDINGS ALABLE PRIOR TO
HEPATITIS		ath but not r	eeulting in	the underl	ying cause givan in	PE	RFORMED?	AM	MILABLE PRIOR TO MPLETION OF CAUSE
HEPATITIS PANCREATITIS		atii but not i	eeulting in	the underl	ying cause given in	PE	RFORMED?	AM CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
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	4. SOCIAL SECURITY NUMBER 234-56-8772 9e. FACILITY NAME (If not institution, give st PRESIDENTIAL WOOD RESIDENCE OF DECEDENT 10e. STATE 10e. STREET AND NUMBER 509 OGLETHOR 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Lest) WILLIAM I. B 19e. INFORMANT'S NAME (Type/Print) BARBARA LEASURE 20e. METHOD OF DISPOSITION 1-1 Burlet 2 Cremetion 3 Remed 4 Donation 5 Other (Specify) 21. SIGNATURE PUNERAL SERVICE LC 23. PART L. Enter the diseases, or a shock, or heart fellure. It is made to the state of the s	234-56-8772 1 M 2 F 9e. FACILITY NAME (II not institution, give street and number) PRESIDENTIAL WOODS HEALTH OF RESIDENCE OF DECEDENT 10e. STATE	4. SOCIAL SECURITY NUMBER 234-56-8772 9e. FACILITY NAME (If not institution, give street end number) PRESIDENTIAL WOODS HEALTH CARE CE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY N/A 10e. STREET AND NUMBER 509 OGLETHORPE ST NE 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 17. FATNER'S NAME (First, Middle, Lest) WILLIAM I. BARRETT SR. 19e. INFORMANT'S NAME (First, Middle, Lest) WILLIAM I. BARRETT 20e. METHOD OF DISPOSITION 1-1-2 Burlet 2 Cremetion 3 Removal from State 4 Donestion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART L Enter the diseases, or complications the Caused the deshock, or heart fellure. List only one ceuse on each line limited events resulting in death) LAST DUE TO (OR AS A CONSECUE)	4. SOCIAL SECURITY NUMBER 234-56-8772 30. FACILITY NAME (III not institution, give street and number) PRESIDENTIAL WOODS HEALTH CARE CENTER RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. STATE 100. STREET AND NUMBER 509 OGLETHORPE ST NE 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S EDUCATION (Specify only highest grade completed) 17. FATNER'S NAME (First, Middle, Last) WILLIAM I. BARRETT SR. 190. INFORMANT'S NAME (PyperPrint) BARBARA LEASURE BARRETT 240. METHOD OF DISPOSITION 140 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or complications that caused the death. Do not shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or complications that caused the death. Do not shock, or heart fellure. List only one ceuse on each line. CARDIOPUT DUE TO (OR AS A CONSEQUENCE OF CHRONIC CEUSE). Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 4. DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF PULMONAR) DUE TO (OR AS A CONSEQUENCE OF DU	4. SOCIAL SECURITY NUMBER 234-56-8772 30. FACILITY NAME (If not institution, give street end number) PRESIDENTIAL WOODS HEALTH CARE CENTER RESIDENCE OF DECEDENT 100. STATE DC 100. STATE 101. COUNTY N/A 100. CITY, TOWN OR LC WAS 100. STREET AND NUMBER 5. SEX 1	4. SOCIAL SECURITY NUMBER 234-56-8772 1	## A SOCIAL SECURITY NUMBER 234-56-8772 1	HOWARD C. Barrett Sr. 1, 22 9 9 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (in yrs. interted by 1 5 Weele 1 YEAR 8 UNDER 34 MRS 234-56-8772 1 X 92 F 59 YRS.	A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. test purple); Funded 1 year Funded 3 in the control Funded 3 in the



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Physician /Medical Examiner 1. Decedent's Name (First, Middle, Last) SARAH

BANNISTER

7. Age (In yrs. lest birthdey)

2. Date of Death

8. Date of Birth (Month, Dey, Yeer)

December 20, 1996

3. Time of Death Van

6:30 PM

1 Yes 2 □ No

4a. Facility Name (If not institution, give street and number) Prince Georges Hospital 4b. City, Town, or Location of Death Cheverley

4c. County of Death Prince Georges

Funeral Director

rai", or items 23s or 28s-f show Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after I Department of Haalth and Mental Hygiane. Important: If Itam 27 is marked other than "natural", or iter any injury or other traumatic event, the Madical Examinat

Physician

/Medical **Examiner**

sician and burial-transit

physician the burial

for use as

signed t

page 2 certificate

funeral director,

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Aftar

24 hours after death.

within 24 ho To the Fune completaly fi

The law requires that the death certificate be executed

P.O. Box 68760.

Division of Vital Records,

or Attending Physician:

Hospital

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2

Physician/Medical Examiner

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Completed

Be

Certification: To

Medical

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

Be

death with the Maryland

10a. State Md. 10b. County Prince Georges

6. Sex

1 M 2 F

10c. City, Town or Location Landover

43 Yrs.

July 23,1953 Athens, Ga. 10d. Inside City Limits

9. Birthplace (State or Foreign Country)

5. Social Security Number

219-74-3380

Usual Residence of Decedent

10e. Street and Number 6715 Vermont Court 10f. Zip Code 20785 10g. Citizen of What Country?

U.S.A.

11. Marital Status

1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 🛣 No if Yes, Give Year or Dates:

13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

If Under 1 Year If Under 24 Hrs.

Months Days Hours Min.

 Race - American Indian, Black, White, etc. Specify: Black

15. Decedent's Education (Specify only highest grade completed)

College (1-4or 5+)

Sr.

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

1 ☐ Yes 2 X No Specify:

16b. Kind of Business/Industry

Elementery/Secondery (0-12) 12

Homemaker

Domestic

17. Fether's Name (First, Middle, Last)

Andrew Lee

18. Mother'e Name (First, Middle, Meiden Sumame)

Maybell Thomas

19e. Intormant's Name/Relationship (Type, Print)

Andrew Lee Sr. Father 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6715 Vermont Court

Landover, Md. 20785

20a. Method of Disposition

1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. Placa of Disposition (Name of cemetery, cremetory or other place) Smith Chapel Church

12/28

20c. Location - City or Town, State Pisgah, Maryland

21. Signature of Funeral Servica Licanses

22. Name and Address of Facility

Hunt Funeral Home

Bemara

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line.

1420 34th St.S.E.Wash.D.C.20020

Immediate Cause (Final disease or condition resulting in death)

Acute respiratory
Due to (or es e consequenca of): Sip Cardina dires

Due to (or as e consequenca of)

Anoxic encephalopathy

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

Asthma Bronchial

23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24b. Were autopsy tindings available prior to completion of cause of death?

1 ☐ Yes

24a. Was en autopsy performed?

25. Was case reterred to medical examiner? Hospital: 1 Yes 2 No N Inpatient 2 □ ER/Outpatient 3 □ DOA

28. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

27. Manner of Death 2 Accident 3 Sulcide

4 Homicide

5 Pending Investigation 6 Could not be determined

28e. Dete of Injury (Month, Day Year) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

28b. Time of

28c. Injury et Work? 1 TYes 2 No

28t. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a. Certifier (Check only one)

12 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and placa, and due to the cause(s) and menner es steted. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signature and title of certifier

MARYLAND 20785

29d. Date signed (Month, Day, Year) DEC 23/1996

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

William Boyce P.G. HUSPITAL CHEVERLY

State Registrar

DHMH 16 Rev 6/95

20 No

1 ☐ Yes 2 ☐ No

make winds the second of the second

State of Maryland / Department of Health and Mental Hygiene 96 40705

Dhysisis	_				001	rtificate of	Doutil		Reg. No.		
		1. Decedent's Name (First, Middla, I	Last)				100	2. Date of De	ath	Voor	3. Time of Death
Physicia Medica/	_	William David Ba	aird					Decemb	er 24	Year 1996	7:00PM
Examine	_	4a. Facility Name (If not institution, g	give street and num	ber)			4b. City, Town, or	Location of Death	dc. County	of Death	
		VA Maryland Heal					Perry P		Cec	il	
uneral rector		218-12-4740	Sex 14DM 2□ F	7. Age (In yrs. 73	. last birthday) Yrs.	if Under 1 Year Months Days		8. Date of Bir (Month, Da March	th 11,1923	9. Birthpi Gount Ma	lace (Stata or Foraign fry) Tyland
ž	1	Usual Residence of Decedent 10a. State 10b. County		10c. Cit	ity, Town or Lo	cation				10	0d. Inside City Limits
28a-f ehow	ctor		ecil				erryville				1 ☐ Yes 🍇 💢 No
23a or 2	Funeral Directo	10e. Street and Number 216 Greenbank Ro	ad			10f. Zip Code 2]	1903		10g. Citizen of U	.S.A.	try?
	þ	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorcad	Maria Ohio	ces? 2 □ No	1	Was Decedent of f Yes, specify Cul	Hispanic Origin? (Span, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)		ce - America ck, White, o	
natural',	ted	15. Decedent's	Education		16a. Deced	dent's Usual Occu	pation	and a firm on	16b. Kind of B	usiness/Ind	lustry
- 20	Completed	(Specify only highest g Elemantary/Secondary (0-12) Twelve Years	Coilage (1-	4or 5+)			during most of wo ed) 1 Mechani		Ashly M		k,Delawar
out,		17. Father's Name (First, Middla, Las	st)					me (First, Middla,			it, »crawar
ked icev	To Be	Josep	h E. Bair	rd				Sarah El			S
is marked other than aumatic event, the h	-	19a. Informant's Name/Relationship			19b. Mailin	ng Address (Straa	t and Number or R				
em 27 is other trau		Dorothy H. Baird	(wife)				Road, P				
if item 27 or other to		20a. Method of Disposition			Place of Dispo	sition (Nama of natory or other pla	acel	Date	20c. Location -	City or To	wn, State
nt: If i		1 Burial 2 Cremation 3 4 Donation 5 Other (Spec		tate		w Cemete		2/30/96	Rising	Sun.	Maryland
Important: If it any injury or once.	ı	21. Signature of Funeral Service Lice	ensee	_		. Name and Addr			_	,	
			Y W	- X	12	EH.	Water	4500	Von	UV	2 /2 /2 /21
sician edical miner		23a. Part1. Enter the disease, or conshock, or heart failure. List only Immediate Cause (Final diseasa or condition resulting in death)	mplications that ca ly ona cause on ea Seps	sis			ing, such as cardia	C or respiratory a	Versurrest,	lay	Approximate Interval Between Onset and Death
edical miner	ner	shock, or heart failure. List onl Immediate Cause (Final diseasa or condition	y ona cause on ea	ch line.	th. Do not enter	uenca of):	ing, such as cardia	c or respiratory a	Vers.		Intarval Between Onset and Death
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cian and cia	ai Examiner	shock, or heart failure. List onl Immediate Cause (Final diseasa or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	y ona cause on ea	chline. Sis Due to (dateral	or as a conseq Pneumo	uenca of): nia	alla soning, such as cardia	c or respiratory a	Verennest,		Intarval Between Onset and Death
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State of Maryland / Department of Health and Mental Hygiene Q &

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(+		30. Name and address of person who con		, , ,	• • • • • • • • • • • • • • • • • • • •		1	1 1	000	1/
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State of Maryland / Department of Health and Mental Hygiene 40708 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death BRAITMAN **Physician** ABRAHAM 8:38pm DECEMBER 18 /Medical 4b. City, Town, or Location of Daath 4a. Facility Nama (If not Institution, giva street and number) 4c. County of Death Examiner Suburban Hospital Bethesda Montgomery If Undar 1 Yaar If Undar 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** Days 1⊠M 2□ F 103-01-5685 Yes Director 76 July 19, 1920 New Jersey Usual Rasidanca of Dacedant 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yas 2 No Director Maryland Montgomery Rethesda 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 6409 Tisdale Terrace 238 20817 United States Funeral itame ; 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☑ Yas 2 □ No If Yas, Giva Yaar or Datas: WW II Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 72 hours after 1 Navar Married 2 Married 6 Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: by 3 ☐ Widowad 4 ☐ Divorced 'natural', White Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada complated) Pages 1 and 2 should be filed within: sent of Health and Mantal Hygiene. nt: If itam 27 is marked other than "r Elamentary/Secondary (0-12) Collega (1-4or 5+) Electrical Engineer U.S. Government 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) Be Lena Krepist Louis Braitman 19a. Informant's Name/Ralationship (Type, Pnint) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Department of Health ar Important: If itsm 27 is any injury or other trau once. 6409 Tisdale Terrace, Bethesda, Maryland Beatrice S. Braitman/Wife 20817 20b. Placa of Disposition (Nama of camatary, cramatory or other place) ec. 21, 1996 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 X Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Montgomery Crematorium, Inc. Bethesda, Maryland 21. Signature of Funaral Sarvice Licansaa

22. Nama and Addrass of Facility
Robert A. Pumphrey Funeral Home
Pethesda-Chevy
Chase, Inc.

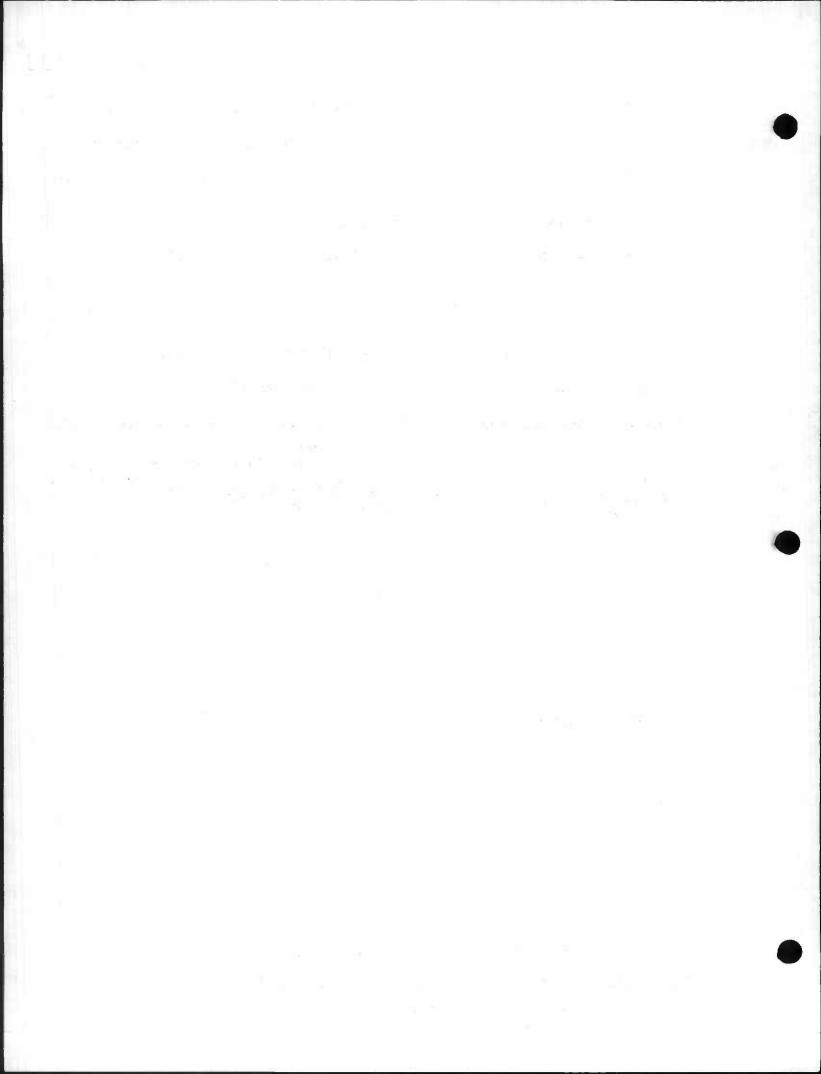
23. Part1. Enter the disaasa, or complications that caused tha daath. Do not anter the mode of dying, such as cardiac or respiratory arrast,

Approximata Approximata Interval Batween Onset and Death **Physician** Immediata Causa (Final disaasa or condition rasulting In daath) /Medical 16 years Examiner Dua to (or as a consequence of) Examiner perlipid emis attending physician and for use as the burial-transit that the death certificate be axecuted Saquantially list conditions, if any, laading to Immadiata causa. Enter Underlying Causa (Diseasa or Injury that initiated avants rasulting in death) Last Dua to (or as a consequence of) Box 68760, Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? P.O. been signed by I should be detact 3 Probably 4 Unknown 2□ No yeases fungordies Records, þ 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy performed? complation of causa of daath? has 10 2 page 1 Yas 2 XNo 1 ☐ Yas 2 🔀 No certificata Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I Be 25. Was casa rafarrad to medical axaminar? 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yas 2 No Medical Certification: To 1 ☐ Inpatiant 2 DER/Outpatient 3 ☐ DOA 27. Mannar of Death 28d. Dascribe how Injury occurred 28b. Tima of 28c. Injury at Work? 28a. Data of Injury (Month, Day Year) 1 Natural 2 Accident 5 Panding 1 ☐ Yas 2 ☐ No Invastigation 6 Could not be datarmined 3 Suicida 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29a. Cartiflar 1 Propertifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of cartifier 29c. Licansa number 29d. Data signed (Month, Day, Year) aldre us 12-19-96 nguind addrass of person who completed cause of death (Itam 23a) (Type, Print) 20+1 5602 Shields Dr. McNAMARA Betheda, Md 20817 31. Data filed (Month, Day, Year) 82. Registrar's Signature State DEC 2 4 1996 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

40709 Certificate of Death 1. Decedant's Name (First Middle Last) 2. Date of Death 3. Time of Death Day **Physician** Month Burke Bet 1925 pm 21 December /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Year) 5. Social Security Number If Under 1 Year 6 Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2XXF Months Days Yrs. Director 218-56-6187 84 9/25/1912 RUSSIA Usual Residence of Decadant the Maryland Pages 1 and 2 should be filed within 72 hours efter deeth with the Marylann nent of Heelth end Mental Hygiene.

ant: If Item 27 Is marked other than "natural", or items 23a or 28a-f show ury or other traumatic event, Ite Medical Examinat must be notified at 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Funeral Director MONTGOMERY GAITHERSBURG 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 9704 INAUGURAL WAY USA 20879 12. Was Decadent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ▼No If Yas, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Biack, White, etc. 11. Marital Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: þ WHITE 3 St Widowed 4 □ Divorcad Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elamantary/Secondary (0-12) Collage (1-4or 5+) 12 HOMEMAKER OWN HOME 17. Father's Name (First, Middle, Last) Be 18. Mothar's Name (First, Middla, Maiden Surname) JOSEPH BARRON 2 SOPHIE ARONOFF 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straet and Number or Rural Route Number, City or Town, State, Zip Code) FREDERICK S. BURKE/SON 11304 Hidden Hollow Court, Potomac, Maryland 20854 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If any Injury or 4 Donation 5 □ Other (Specify) KING DAVID MEMORIAL GDNS, 12/23/96 FALLS CHURCH, VA. 21. Signature of Edneral Septice-MSingle 22. Name and Address of Facility
Danzansky-Goldberg Memorial Chapels, Inc. 1170 ROCKVILLE PIKE, ROCKVILLE, MARYLAND 20852 or the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiratory arrast, the mode of dying, such as cardiac or raspiratory arrast, the mode of dying, such as cardiac or raspiratory arrast, the mode of dying, such as cardiac or raspiratory arrast, the mode of dying, such as cardiac or raspiratory arrast, the mode of dying, such as cardiac or raspiratory arrast, the mode of dying, such as cardiac or raspiratory arrast, the mode of dying, such as cardiac or raspiratory arrast, the mode of dying, such as cardiac or raspiratory arrast, the mode of dying, such as cardiac or raspiratory arrast, the mode of dying, such as cardiac or raspiratory arrast, the mode of dying, such as cardiac or raspiratory arrast, the mode of dying, such as cardiac or raspiratory arrast, the mode of dying, such as cardiac or raspiratory arrast, the mode of dying are discovered by the discovere Approximata interval Between Onset and Death **Physician** /Medical Immediata Cause (Final seconds Imonar disease or condition rasulting in death) Examiner Examiner rep Sequentially ilst conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last bunel-trar Due to (or as a consequence of) The law requires that the death certificate be execu Box 68760 Physician/Medical use as the Due to (or as a consequence of): attending p MF P.O. | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detached MAYLE 1 ☐ Yee 2 ☐ No 3 ☐ Probably Unknown Division of Vital Records, þ Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to FRANCES completion of cause of death? 1 Yes 2000 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Was case raferrad to medical 26. Piace of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To NZYes 2□ No 1 Inpatiant 21 ER/Outpatient 3□ DOA this DR 27. Manner of Death 28a. Data of injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Aftar t 5 Pending investigation 1- Natural BY death. 1 ☐ Yes 2 ☐ No the f 2 Accident within 24 hours after deat To the Funeral Director: 6 Could not be datermined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by EASED 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as atated. Medical 29a. Certifier completaly 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. (Check only one) REL 29b. Signature and title of certifier 29c. License number 30. Nama and address of person who completed causa of death (Item 23a) (Typa, Print) Grave Adventist Hospital m.D 32. Registrar's Signature 31. Data filed (Month, Day, Year)
DEC 2 4 1996 State Julia Dandson-Randolle Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month 1996 Eugene F. Bouey December 3:30 AM /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Daeth Examiner 19413 Olney Mill Road 01ney Montgomery 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
(Month, Dey, Year)
Sept. 15 10 7. Age (In yrs. last birthday) Birthpiece (Steta or Foraign Country) **Funeral** Min. Hours 17€ M 2 ☐ F 70 Yrs. 216-22-7572 Director 15 1926 Maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at Maryland Montgomery 1 ☐ Yes 2 ☐ No Directo 01ney 10e. Street end Number 10f. Zip Code permit. Pages 1 and 2 should be filed within 72 hours after death with 1 Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "naturel", or Items 23a or 2 any injury or other traumatic event, the Mexical Examinest Institute Personness Institute 10g. Citizen of Whet Country? 19413 Olney Mill Road 20832 United States Funeral 12. Was Decedent Evar In U.S. Armed Forces? 1∑ Yes 2 □ No 1944 If Yes, Giva Year or Dates: 1946 Was Dacedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) Raca - American indian, Black, Whita, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: White 1□ Yes 2 No þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education Decadent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grada completed) Elementery/Secondary (0-12) College (1-4or 5+) Education Teacher 12 17. Fether's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be James E. Bouey Blanche Hartdagen 2 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Numbar or Rurel Route Number, City or Town, Stete, Zip Code) Gaylia Bouey / Wife 19413 Olney Mill Road Olney, Maryland 20832 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriei 2 Cremation 3 Removal from Stete 12/23/96 4 ☐ Donetion 5 ☐ Other (Specify) Emmitsburg, Md. St. Joseph Cemetery 21. Signeture of Furreyal Sarvica Licensee 22. Nama and Address of Facility Hines/Rinaldi Funeral Home 11800 New Hampshire Ave. Silver Spring, Md20904 23e. Part1. Enter the diseasa, or complications the caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feiture. List only one cause or each line. **Physician** /Medical immediete Ceuse (Final c.Andl diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760, attending physiclan for use as the burie Physician/Medical Due to (or es a consequenca of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably þ 24b. Were eutopsy findings eveileble prior to completion of cause of death? Completed 24a. Was en eutopsy performed? his certificate hes bill director, page 2 sl 1 Yes 2 No or Attending Physician: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No 2 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 27. Menner of Death 28e. Dete of injury (Month, Dev Year) 28d. Describe how Injury occurred Certification: 28b. Time of 28c. injury et Work? Aftar Naturei 5 Pending investigation s efter death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Piece of injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide • Funeral Hospital Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end pleca, end due to the cause(s) end menner stated. Medical 29e. Certifier To the Hosp within 24 hor To the Fune completely fi (Check only one) 29b. Signature an title of certifie 29c. Licanse numbar 29d. Date signed (Month, Day, Year) 035635 30. Name and eddress of person who completed cause of deeth (item 23e) (Type, Print) OLNEY, Joseph KAPUM 31. Dete filed (Month, Dey, Yeer) 32. Registrer's Signature State DEC 2 4 1996 Mia Davidson Registrar

DHMH 16 Rev 6/95

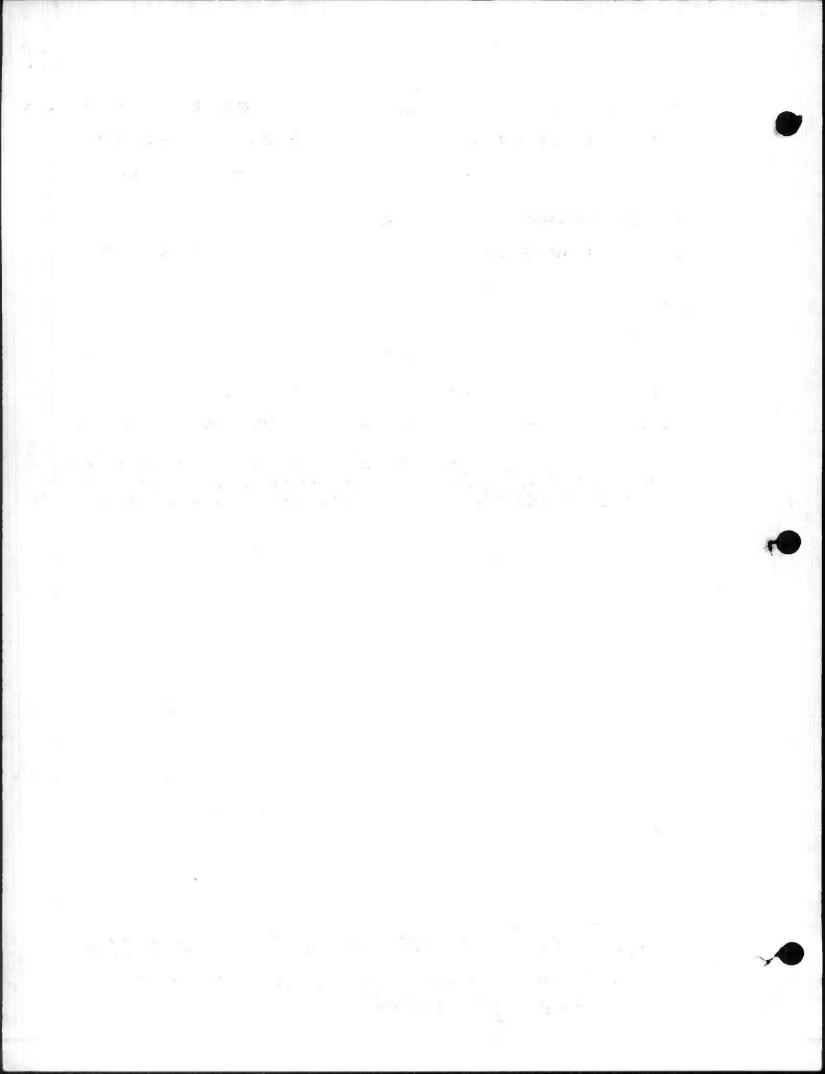
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State of Maryland / Department of Health and Mental Hygiene

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					Certificate	e of	Death		Reg. No.	20	40/11.
		Decedent's Name (First, Middle,)	Last)				10	2. Date of	Death		3. Time of Death
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Exan		4a. Facility Name (If not institution, g	ive street and numba	r)			4b. City, Town	, or Location of De	eth 4c. Coun	ty of Death	1000
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Funer	al	Social Security Number 6		ige (In yrs. lest bir	Months			Hrs. 8. Date of Min. (Month,	Birth Dey, Year)	9. Birth	place (Stete or Foreign
Directo	or:	057-10-1260 Usual Residence of Decedent	1 X M 2 □ F	93	Yrs.	to my o	Tiodis	SEPT.	11,1903	NEW .	JERSEY
yland Mor		10a. State 10b. County		10c. City, Tow	n or Location					1	Od. Inside City Limits
Mar.	ļ,	MARYLAND MONTGO	OMERY	CHEVY	CHASE						1□Yes 2√No
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tar dea itams	Funerai	11. Maritai Status	12. Was Deceder Armed Forces		13. Was Deced	ent of I	Hispanic Origin	? (Specify Yes or Puerto Rican, etc.)	No- 14. Re	ace - Americ	
020 ours af	by	3 X Widowed 4 ☐ Divorced	1 ☐ Yes \$75 If Yes, Give Year or Dates	ţNo	1 Ves 2			ruento racan, etc.)	Spec	eck, White,	
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be filed tal Hygi d other	Be	17. Father's Name (First, Middle, La.	st)				18. Mother's	Name (First, Midd	lle, Meiden Sume	eme)	
arylan should be and Mental marked o	2	HENRY		BERKMAN			MAR	The state of the s			GREENFIELD
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	2.3	MARTIN BERKMAN	(SON)				SALE CO	URT POTOM	IAC, MAR	YLAND	20854
Baltimore, bemit. Pages 1 ar Department of Hee mportant: if Itam, iny Injury or other		20a. Method of Disposition 1 ☐ Burial 2 ☎ Cremation 3	□ Removal from State		Disposition (Nem ry, cremetory or of	ie of ther ple	ece)	Date	20c. Location	- City or To	wn, State
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m goes	8	///whi	Willey	1							AND 20852
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ecute and trans	E S	Sequentially list conditions,	D	Due to (or as a	consequenca of):						Jemes
oe e e e e e e e e e e e e e e e e e e	Ē	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events								1	
68760, ificete be executed g physician and as the burial-transit	edical	that initiated events resulting in death) Last	c	Due to (or as a c	onsequence of):						
Box 68760, Jeath certificate be execut e attending physician and d for use as the burial-trar	/Mec									i	
0 0 65	an		d							i	
	Physician	Part ii. Other algnificant conditions	contributing to death	out not resulting Ir	the underlying ca	use giv	ven in Part i.	23b. Di	d tobacco use c	ontribute to	the cause of death?
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vision of Vital Re Attending Physician: The I probabl. ector: After this certificate ha by the funerel director, page	To	examiner?	Hospital:	ient 2 ER/Ou	tpatient 3 DO	A Oth	hor:	ng Home 5 The	/	ther (Specifi	y)
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Division or Attending I after death. Director: After	ertification:	3 ☐ Suicide 6 ☐ Could not determine	286. Place of In	jury - At home, fai	rm, street, factory,	office			(Street and Num	ber or Rura	l Route Number,
Div	Cert	101101100	building, e	(c. (Specify)				City or T	own, Stete)		
To the Hospital or within 24 hours after To the Funeral Dir completaly filled in		29a. Certifier 153 Certifying P	hysician: To the best	of my knowledge,	death occurred a	t the tir	me, dete and p	laca, and due to th	e cause(s) and n	nenner as si	ated.
n 24 Ne Fu	edical	(Check only 2 Medical Exe	miner: On the basis of and manner s	or examinetion end	Vor investigation,	in my o	pinion, deeth	occurred at the time	, date end piece	, and due to	the cause(s)
To the To the Comit	ž	29b. Signature and title of Certifler	1	1	29c.	Licens	se number		29d. Date sign	ed (Month,	Day, Year)
		1 Harry	Lekki	6 4	0	13	3818	3	12/	17/	76
1		30. Name and address of person who	completed cause of	deeth (Item 23a) (Type, Print)		_		/	11	
6		GARY FISHER M				#14	43 CHEV	Y CHASE,	MARYI.AN	ID 208	15
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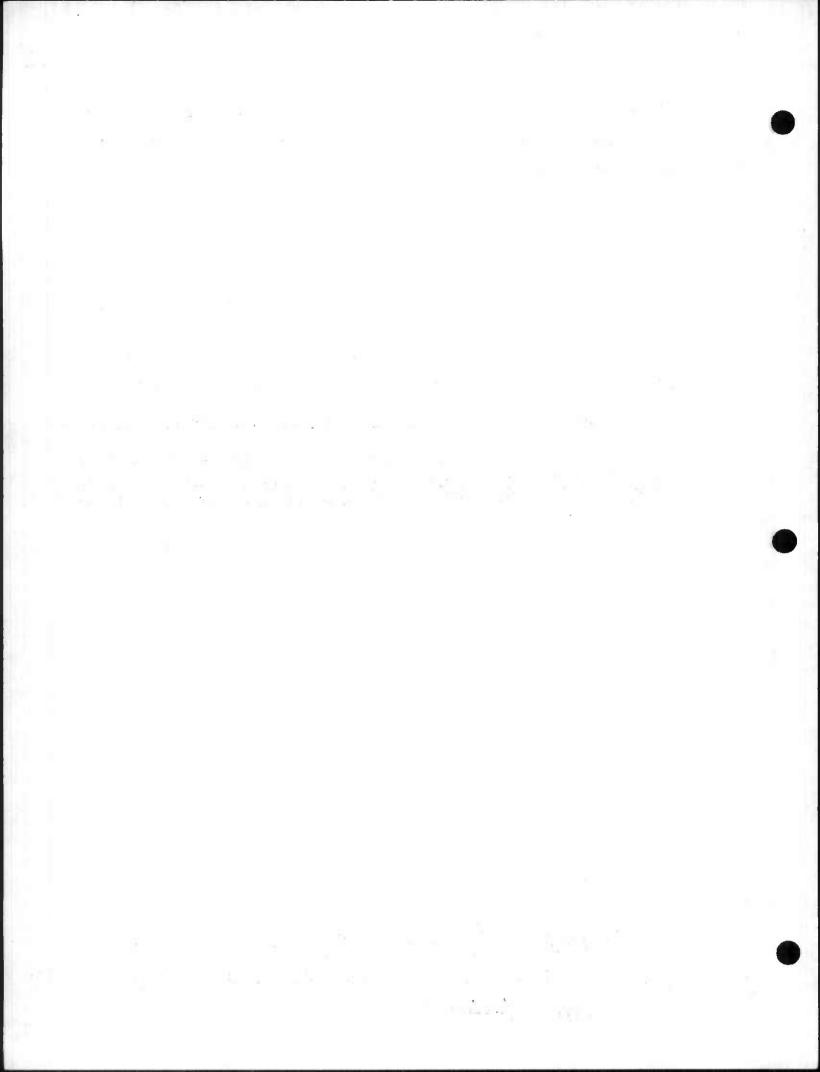
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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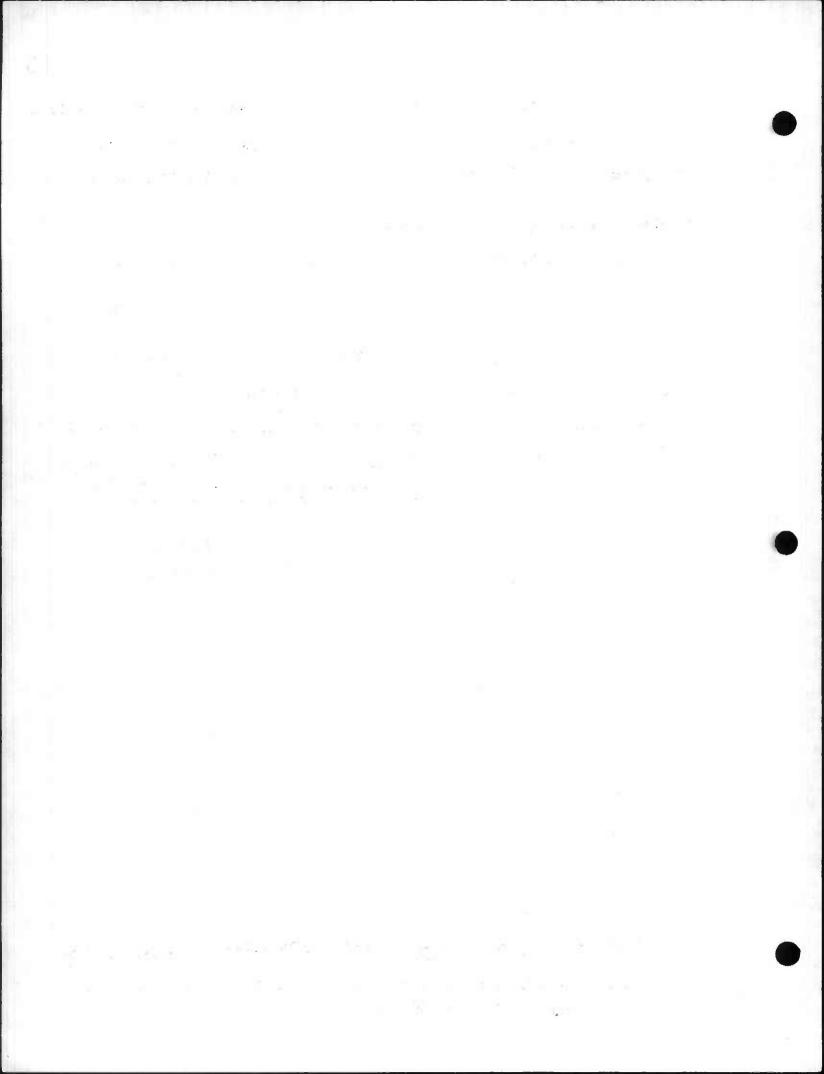
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		ANNE ARUNDEL M	MEDICAL CENT	ER			ANNA	POLIS		ANNE	ARUND	EL
Funera	1	5. Sociel Security Number		Age (In yrs. last		f Under 1 Year	If Under		Dete of Birth Month, Dey, 1			lece (Stete or Foreign
Directo	_	337-09-2926	1 □ M 2 🗑 F	85	Yrs.	lonths Deys	Hours	Min. MA	Month, Dey, 1 Y 15,	1911	LITHU	trv)
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ylan		10e. Stete 10b. County	y	10c. City, T	own or Locati	ion					11	Od. Insida City Limits
Ma	Ş	FLORIDA DADE		MIAM	I BEAC	H						1 ☐ Yes 2 ☐ No
or the	Director	10e. Street end Number				10f. Zip Code			10	g. Citizen of	Whet Coun	try?
5-0020 72 hours after death with the Maryland natural; or items 23e or 28a-f show deal Examiner must be notified at		1228 WEST AV	ENUE #812			33139)			U.S.	Α.	
Rer deal	Funeral	11. Maritel Stetus	12. Wes Deceder	Ever in U,S.	13. Was	Decedent of I	lispenic Ori	gin? (Specify	Yes or No-		ce - Americ	
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21215-0020 d within 72 hours aff gjene. rr than "natural", or	by	3	f Yas, Give Year or Detes	:	10	Yes 2⊠ No	Specify:			Specil	y: WHIT	E
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Maryland nd 2 should be file lith and Mental Hy 77 is marked other traumatic event		19e. Informant's Name/Raletions	ship (Type, Print)	1	9b. Mailing A	Addrass (Street	end Numbe	er or Rural Ro	uta Number,	City or Town	, Stata, Zip	Code)
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of Heal item 2		20e. Mathod of Disposition	1/20	com c	of Disposition				ete 20	c. Location	- City or To	wn, Stete
Baltimore, semit. Pages 1 at Department of Hearmontant: If Item into Injury or otherward.		1 ☐ Burlel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S		0		CEMETER		112/	18/96	MIAMI	FI.C	RTDA
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		shock, or haert failure. List	t only ona cause on eech	line.	O HOL BINES LI	ne mode or dyr	ng, such es	Cardiac Of 188	spiretory erres	٠١,		Approximete Intarvai Between Onset end Deeth
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o, the darked	ysic	Pert II. Other significant condition	one contributing to death	but not resulting	g in the under	rlying cause giv	en in Pert I		23b. Dld tob	acco use co	entribute to	the cause of death?
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Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

					State of	iviaiyiai		rtificate o		и менанту	Reg. No.	96	407	113		
	Physici		Decedent's Name (First,) Mattie	Bery1	Bell			2. Date of De Month	ath Day	Year 996	3. Time of 8 : 1	f Death		
	/Medio Examir		4a. Facility Name (If not Ins						4b. City, Town,	December 22, 1996 8:10 PM or Location of Death 4c. County of Death						
	LAGIIII	ICI	Mariner of	Kensi	ngton				Voncina							
	Europal		5. Social Security Number	6. Se	_	7. Age (In yrs.	last birthday)	If Under 1 Ye	Kensing	Irs. 8. Date of Bir	of Birth th, Day, Year) Montgomery 9. Birthplace (State or Foreign Country)					
	Funeral Director	8	218-34-7037 Usual Residence of Deced		1 M 2 TF 85 Yrs. Months C			Months Da	ys Hours M		Day, Year) Country) 17, 1911 Pennsylvan					
	ehow	or	10a. State 10b. County 10c. City, Town or Location									1	0d. Inside Ci	ity Limits		
	Ne N	Director		ntgome	ntgomery Bethesda									ZIZINO		
	£ 88	ä	10e. Street and Number					10f. Zip Cod	е		10g. Citizen of	What Coun	try?			
	23 V	Ta .	7008 Brad]	ey Bot	ılevard			20	0817		United	Stat	es			
	op L	Funeral	11. Marital Status		12. Was Deced	dent Ever in U	I,S. 13.	Was Decedent of	of Hispanic Origin?	(Specify Yes or No erto Rican, etc.)	- 14. Rac	ce - Americ	an Indian,			
Baltimore, Maryland 21215-0020	d within 72 hours after death with the Maryland jiene. r than "naturel", or ferms 23a or 28a-f show the Marical Evarence must be notified at	by	1 ☑ Never Married 2 ☐ 3 ☐ Widowed 4 ☐ Div		1 ☐ Yes 2 ☑ No If Yes, Give 1 ☐ Yes 2 ☑ N Year or Dates:				01101110211, 01017	Specify: White						
9	2 ho	Completed	15. De	15. Decedent's Education			16a. Dece	dent's Usual Oc	cupation		16b. Kind of Business/Industry					
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2	within iene. then "r	mo	Elementery/Secondary (0)-12)	College (1-	College (1-4or 5+) Homemaker					Orm	Home				
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$\overline{\mathbf{z}}$	should be nd Mente marked umatic ev	To	George W.				T									
<u>a</u>	2 st and ls n		19e. Informant's Name/Re	etionship (Ty	rpe, Print)		19b. Mailir	ng Address (Str.	eet and Number or	Rural Route Numb	er, City or Town,	, Stete, Zip	Code)			
	ges 1 end 2 should t of Health and Men if item 27 is marks or other traumatic		Emma B. Be	11			7008	Bradley	, Bouleva	rd Beth	esda, Ma	rylar	id 20	817		
O.	of H of H rot		20a. Method of Disposition 1 XBurial 2 ☐ Crem	ation 2 🗆 🗆	Domesial from C	20b. I	Place of Dispo cemetery, crer	sition (Name of natory or other	place)	Date	20c. Location	- City or To	wn, State			
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Ħ.	pemit. Pe Departmen Important: any Injury once.		21. Signature of Funerai Sc				22	. Name and Ad	dress of Facility	Robert A.	Pumphr	ev Fi	meral	Home		
<u> </u>	permit. Peges 1 end 2 Department of Health a Important: if item 27 is any injury or other tra once.		21. Signature of Funeral Service Licensee 22. Name and Address of Facility Robert A. Pumphrey Funeral Home Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501													
Physician /Medical Examiner 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying shock, or heart fallure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) a. Cerebrovascular accident Due to (or as a consequence of):													Intervel Bet Onset and I			
	ed sit	Examiner			Pneur	monia						i i				
	end Hrar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury the limited events Due to (or as a consequence of): Hypertension Due to (or as a consequence of):														
68760,	clen clan	E E	cause. Enter Underlying Hypertension													
87	ifficete be executed g physicien end es the bunel-transit	dici	Cause (Disease or Injury that initialed events resulting in death) Last C. Hypertension Due to (or as a consequence of):													
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Ď	thet the death cer ed by the ettendir deteched for use	Ca	Death Other deathers	- 4141		** * * *	41 1 1			23b. Did tobacco use contribute to the cause of death?						
P.O.	y the	ys	Part II. Other significant co	nations con	tributing to dea	ith but not res	ulting in the u	nderlying cause	given in Pert I.							
S, D	requires that the death cer ween signed by the ettendin hould be deteched for use	by Ph								- 10	Yss 2□ No	3 Prob	ably 4⊠	Unknown		
Sord	w requires thet been signed I should be det	eted								24a. Was	an autopsy ermed?	cor	ere sutopsy f allable prior to apietion of c	to		
36	The lew ste hes b page 2 s	Be Completed										of c	death?			
Division of Vital Records,	The east									10	Yes 2X No	1 🗆	Yes 2X	No		
	slan		25. Was case referred to m examiner?							eath (Check only	one)					
=	Physician: this certific ral director,	2	1 ☐ Yes 2 💢 No	H	lospital: 1 ☐ In	patient 2	ER/Outpatien	t 3 DOA	Other: 4X Nursing	Home 5 Resi	dence 6 Oth	ner (Specify)			
ouo	. Steel	Certification: 7	27. Manner of Deeth 1 X Netural 5 Pending investigation 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury Work: M 1 Year						lury at Vork? Yes 2 No							
NIS	r Attendi er death rector: A	tiffica	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)								28f. Location (Street and Number or Rural Route Number, City or Town, State)					
ā	o las la la la la la la la la la la la la la	S														
	To the Hospital or Att within 24 hours efter d To the Funeral Direct completely filled in by	edical	29a. Certifier (Check only one) 29a. Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the cause(s) and manner as stated. 29a. Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the cause(s) and manner as stated.									ated. the cause(s	i)			
	To th To th comp	ž	29b. Signature and title of o	29b. Signature and title of certifier 29c. License num							number 29d. Date signed (Month, Da					
			mo	Comole	e W	. //	redo	- MD	1940	1025	Decembe	r 23	1996			
			30. Name and address of po	erson who co	mpleted cause	of death (Iter	n 23e) (Type,	Print)			MIN					
	5		Linda Thomp	son, M	I.D., 11	1125 R	ckvill	e Pike	#103, Ro	ckville.	Marylan	d 20	852			
	Sta	te	31. Date filed (Month, Day,	Year)	32. Re	gistrar Signa	iture Rande	.00								
	Registr	ar	DEC 2	7 1996	19	a wantes	an-Marion	No.								

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 40714 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Month DOROTHY DEC 20 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Takoma Park

| Il Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) Washington Adventist Hospital Montgomery 7. Age (In yrs. last birthday) II Under 1 Year 5. Social Security Number 6. Sex Birthplece (State or Foreign Country) **Funeral** 1□M 2⊠F Months Deys Yrs. Director 579-32-4762 Nov. 28, 1925 Washington, D.C. Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 ☐ No Maryland Montgomery Wheaton 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 4006 Sampson Road 20906 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 No If Yes, Give Yeer or Dates: 11. Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. filed within 72 hours after 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3X Widowed 4 ☐ Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than 'any injury or other traumatic event, the Me Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Joseph Mandley Ida Blackman 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) James Bacon 11815 Idlewood Road Wheaton, Maryland 20906 20b. Place of Disposition (Name of cometery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 Dicremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory 12/23/96Alexandria, Virginia 21. Signature of Europeal Service License 22. Name and Address of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd., W., Silver Spring, MD 20901 attorns that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Approximate Interval Between Onset end Deeth Physiclan /Medical Immediata Cause (Finel Ventrular tachy cardia
Due to (or as a consequence of): 20 minutes disease or condition resulting in death) Examiner Molignant perileordal effesion
Duplo (or as a consequenca ot): 4 days To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours state death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely lifted in by the funeral director, page 2 should be deteched for use as the burial-transit completely lifted in by the funeral director, page 2 should be deteched for use as the burial-transit Sequentielly ilst conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, adenocarcmoma Months Physician/Medicai Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ischemic heart disease 1 Yes 2 No 3 Probably 4 Unknown Completed 24b. Were autopsy findings available prior to Chruic Obstructive plymanay disease 24e. Wes an autopsy performed? completion of cause of death? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Was case relerred to medical examiner? Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitel: 2 1 Yes 2 1-No 1 Dimpatient 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28a. Date of injury (Month, Day Year) 28c. Injury et Work? Certification: 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, lactory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examinar: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and menner stated. Medical (Check only 29b. Signeture and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) 30. Name end eddress of person who write with a stringer 8401 Calis

31. Date filed (Month, Day, Year)

11. Date filed (Month, Day, Year)

12. Registrer's Signature

12. Audion-Rendelle 8401 Colonille Rd #310 Silver Spring, Md. 20910 State Registrar

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene 40715 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 3. Time of Centh 2. Dete of Deeth Month Dey **Physician** 1996 BARBARA LEE BALLENGER ~ I Aug DEC 2-1 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** 4c. County of Deeth 9301 ALL SANTS ROAD I AUREI.
If Under 1 Year I If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) 6. Sex **Funeral** Birthplece (Stete or Foreign Country) 1□M 25 F Months Deys Hours Yrs. Director 216-40-7959 Nov. 23, 1942 Maryland Usual Residence of Decedent with the Maryland show 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or items 23a or 28a-f show. Director 1 ☐ Yes 2 No Maryland Howard Laurel 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 9301 All Saints Road 20723 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2X No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Bleck, White, etc. 11. Maritel Status hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify. 3 Widowed 4 NDivorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) illed within 72 h Hygiena. 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Registered Nurse Medical other traumatic event, permit. Pages 1 end 2 should be fili.
Department of Health and Mental Hy
Important: If item 27 is marked oth.
any Injury or other traumatic event. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be 2 John B. Merrglejohn Louise Stanowski 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) David J. Ballenger 19 Nightingale Way #A3 Lutherville, Maryland 21093 20a. Method of Disposition 20b. Ptece of Disposition (Neme of cemetery, cremetory or other place) Dete 20c. Locetion - City or Town, Steta 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Matropolitan Crematory 12/22/96Alexandria, Virginia 21. Signature of Eureral Service Lice 22. Name end Address of Fecility Francis J. Collins Funeral Home, Inc. Lower state caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, are cause on each line. 500 University Blvd., W., Silver Spring, MD 20901 Approximete Intervel Between Onset end Deeth **Physiclan** /Medical Immediete Ceuse (Finel 2 d MEUMONIA diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner CHRONC OBSTRUCTIVE PULMONARY DISEASE YEARS certificate be axecuted burial-transit pur Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury) Due to (or es e consequence of) Box 68760. attending physiclan for use es the buria Physician/Medical thet Initieted events resulting in deeth) Lest Due to (or es e consequence of) P.O. | Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. ed by the datached 23b. Did tobacco use contribute to the cause of death? Yee 2 No 3 Probably 4 Unknown Hypertension, depussion signed b Records, ð cate has been significant category category and category category. Be Completed 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Was en eutopsy performed? 2 No certificate 1 Yes Division of Vital To the Hospital or Attending Physician: within 24 hours aftar death.

To the Funeral Director: Aftar this cartifica completely filled in by the funeral director, I 25. Wes case referred to medical 28. Plece of Deeth (Check only one) exeminer? Other: 4 Nursing Home Residence 6 Other (Specify) Hospitet: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 5 27. Manner of Deeth 1 Naturel Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Deecribe how injury occurred 5 Pending investigation Injury 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide Piece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 \ Homicide edical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the cause(s) and menner as stated.

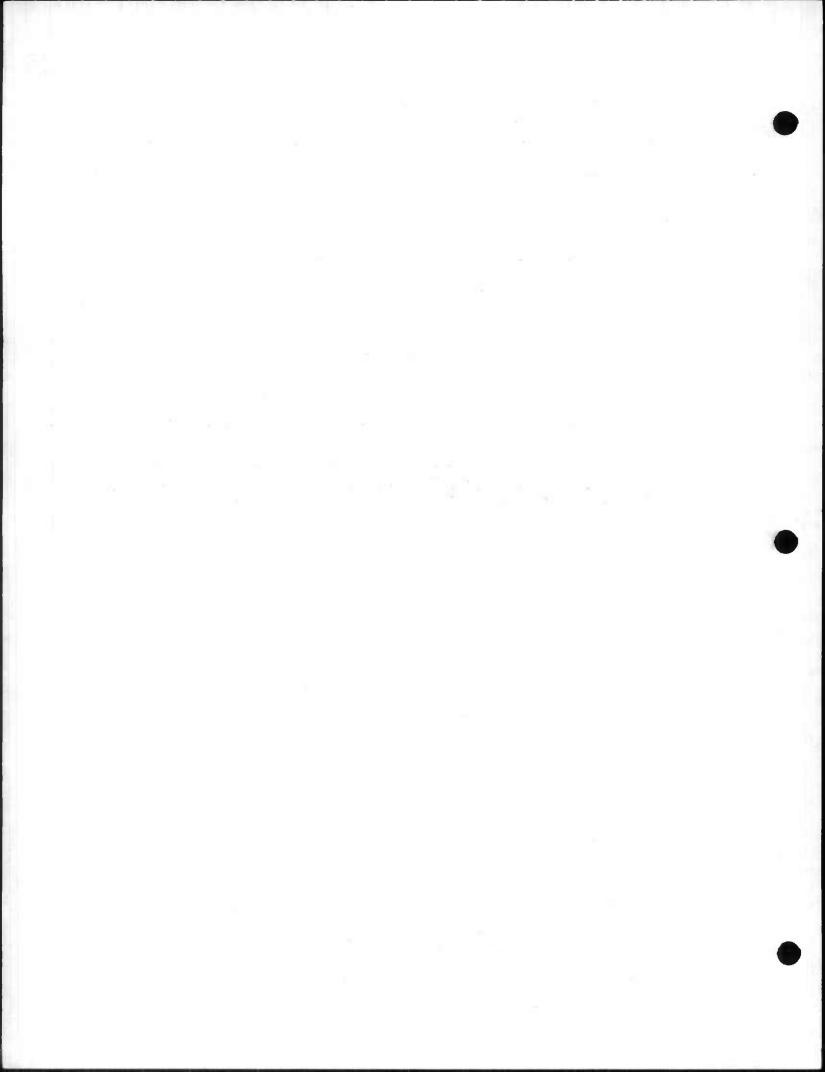
2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) and manner stated. (Check only one) 290. Signature and little of certifies 29c. License number 29d. Dete signed (Month, Dey, Year) Dec 21, 1996 30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) Hemlock Cone Way Elbott City MD 21042 PATRYCE TOYE, MU 4565 A -

State Registrar 31. Dete filed (Month, Dey, Year)

DEC 2 3 1996

32. Registrar's Signeture

we Davidson



State of Maryland / Dep

partment of Health and Menta	al Hygiene	95	1	n	7	1	6
ertificate of Death	Reg. No.	20	->	U	I	ı	C

							Ce	rtificat	e of	Death			Reg. No.	, 0	70	110		
			1. Decedent's Nar	la la					2. Dete of Deeth Month Day Ye			3. Tin	ne of Deeth					
Physicia /Medic			Mary Jeannette Bailey								December 24, 1996 7:50 A							
	Examir		4a. Facility Neme			umber)				4b. City, To	own, or L	Location of Deeth 4c. County of Death						
	Exami		Holy Cre	oss Hosp	ital					Silve	r Sn	rino	Monte	Montgomery				
	Funeral		5. Social Security		. Sex	7. Age (In yrs.	. lest birthday	If Under	1 Yee	r If Under	24 Hrs.	O Date of Div	dh			tate or Foreign		
	Director		579-26-7		1□M 2🔀 F	8	39 Yrs.	Months	Deys	Hours	Min.	July 11				ton,D.C.		
	D		Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location									T	Od Insid	de City Limits				
	faryl and an	5) MD													Yes 2□ No		
	after death with the Maryland or items 23s or 28s-1 show iminer must be notified at	Director	MD 10a. Street and No	Montgon	nery	ery Silver Sp												
	6 9	급						10f. Zip					10g. Citizen of What Country?					
	death v	rai	-	cingvale								USA		A				
	er de Neme	Funeral	11. Maritai Status		Armed F	12. Was Decedent Ever in U,S. Armed Forces?			. 13. Wes Decedent of Hispenic Origin? (S) If Yes, specify Cuban, Mexican, Puerto			ecity Yes or No Rican, etc.)	- 14. Ha	14. Raca - American Indien, Black, White, etc.				
Baltimore, Maryland 21215-0020	hours after unal', or its al Examine	by		rried 2 Married 4 Divorced	If Yes, G	1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates:			1 ☐ Yes 2 🕍 No Specify:				Specify:			White		
	Tr. Indian	ietec	(Spe	15. Decedent's ecify only highest s	Educetion grade completed	Jucetion 16 ide completed)			Ba. Decedent's Usuai Occupation (Give kind of work done during most of work life. DO NOT use retired)			ing	Business/In	ness/Industry				
	d within	Completed	Eiementary/Sec 10	condery (0-12)	Coilege	Coilege (1-4or 5+)		Clerk		50)	u)			nery	Stor	-0		
	祖子書も		17, Father's Name	(First, Middle, La	st)				JIELK			e (First, Middle	. Maiden Suma		DLOI	-		
	2500	Be		P. Bailey								S. Ed	The same					
	s 1 and 2 should by f Health and Menta Mental Heart 27 is marked other traumatic ex	To		Name/Relationship			40h 44-11	ou wateron	/01						0.35			
													er, City or Town			10		
	1 and lealth im 27 ther to		Margaret	t Vierbuo	nen	20h	Place of Disp			ale Ro	oad,	Silver	Spring 20c. Location		209			
	8 2 m 9			Cremation 3	☐Removel from		cemetery, cre	matory or o	ther pla	ace)	į	Dete	200. Location	- City of Te	JWII, SIGI	10		
	permit. Pages 1 and 2 Department of Health a Important If Item 27 is any injury or other tras once.			5 Other (Spe		C	edar H					2/27/96	Suitla	nd, M	D			
3al	Departi Departi Importi any inj		21. Signature of F	unerai Service Lic	ansee	1 11				ress of Facili		Funera	1 Home,	Inc				
-	8 8 2 0 5		1 h	Tilliam	I I	Synt							Silver		MD	20901		
	Physician		23a. Part1. Enter shock, or he	the diseese, or co	mplications thet,	aused the dea									Approx	rimate Il Between		
					,											end Death		
ч	/Medical		Immediate Cause (Final disease or condition A Main Stem Stroke Days															
	Examiner		resulting in death)		a. Hall		or as a conse	guence of):				- 3			Days	,		
		ğ				24010(444.154.017.						1				
	requires that the death certificate be assecuted een signed by the attending physician and hould be detached for use as the burial-transit	Examiner	Sequentially list o	onditions	b	Due to (or as a conse	quence of):										
ć	an an an an an an an an an an an an an a																	
68760,	ysicia bu	Medical																
	g ph as th	P	resulting in death) Last															
Вох	andin use	2	d															
	that the death cer ed by the attendin detached for use	Physician/	Part II. Other eign	Hicant conditions	contributing to	death but not re-	sulting in the I	inderwing c	OUEA C	iven in Pert	1	23h Did	tobacco use c	ontribute t	o the ca	use of death?		
P.0	by the	hys	Part II. Other eignificant conditions contributing to death but not resulting										1 Yee 2⊠ No 3 Probably 4 L					
	that det	by P	Dehydration, Arterial Hypertension								, ,	TE THE ZOUNG SEPTODELLY TECHNI						
Records,	w requires that been signed be should be det	D D									24a. Was	as an autopsy 24b. Wen		ere auto	re autopsy findings			
Ö		Completed										perfe	ormed?	co		orior to n of cause		
3e	82 S	E E												Of	death?			
	E ag											10	Yes 212 No	10	Yes	2□ No		
Vital	Physician: The this certificata ral director, pag	Be	25. Was cese referred to medical examiner?															
of	shysic this o	P	1 ☐ Yes 2 🔀			Inpatient 2			70		ursing Ho		dence 6 00		fy)			
Ē	fing Physician: h. After this certific funeral director,	Certification:	27. Manner of Dee 1 ⊠ Natural	5 Pending		of Injury oth, Dey Year)	28b. Time o		28c. Inju			28d. Describe	how injury occurred					
Division	Attending or death. octor: After by the fune	cati	2 Accident	investigat														
\geq		=	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Place of injury - At home, farm, atreet, factory, office building, etc. (Specify)							•		28f. Location (Street and Number or Rural Route Number, City or Town, State)						
	is al																	
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	29e. Certifier (Check only one) 1. Certifying Physician: To the best of my knowledge, death occurred at the time, dete and piece, and due to the cause(s) and mannar as come one) 1. Certifying Physician: To the best of my knowledge, death occurred at the time, dete and piece, and due to the cause(s) and mannar as come one)											use(s)				
	vithir To th	Me	29b. Signeture en	d title of certifier				290	c. Licen	se number	-		29d. Date aign	ed (Month,	Day, Ya	iar)		
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			20 Nome and 11	70 mgo) Q	100 of death (1)	- 02-1/-	111	ט ()8188		D	ecember	26,	1996)		
	5		30. Name and add			,	/			Cil			1	0001				
			Hugo G. 31. Date filed (Moi	Grazian		/ I / Pe Degistrads Sign		y Driv	/e	Silve	r Sp	ring,Ma	ryland	2091	.0			
	Sta Registr			EC 27 19		Pia David	son-Aan	lett.										

State of Maryland / Department of Health and Mental Hygiene

3753		Decedent's Neme (First, Midd	le, Last)			Cer	tificate o	f Death	2. Dete of D	Reg. No.	96	3. Time of Death	
nysician		2		2		Ro	RNETT	_	Month	De	y Year	11.2	
Medical		N 02	SEMA	RY.		UHI	KNEI!		DECE		. 23 1996	4 28 PM	
xaminer		4e. Fecility Neme (If not institution	4.					4b. City, Town, o	or Location of Dee		County of Deeth	0	
10,14	H,	SOUTHERN	MARYL	9ND			TAL		NTON	1	NINCE	GEORGES	
ral		5. Sociel Security Number	6. Sex /		e (In yrs. last bi		If Under 1 Yes			rth	9. Birth	piece (Stete or Foreign	
tor -		- 579-30-4203	1 U W 2 Q		72	Yrs.						esville,S.C	
	- 1-	Usuel Residence of Decadent											
-		10a. Stete 10b. County			10c. City, Tow	n or Lo	cation					10d. Inside City Limits	
cto	3	Maryland Prince	e George	s	Laı	go						1 ☑ Yes 2 ☐ No	
Director		10e. Street end Number					10f. Zip Code			10g. Citi	izen of Whet Cou	ntry?	
<u>a</u>	3	500 N Harry S.	Truman	Driv	e #110		2077	4		Ur	nited Sta	ates	
Funeral	5	11. Marital Stetus	12, Wes	Decedent &		13. V	Ves Decedent of	Hispenic Origin? ben, Mexican, Pue	(Specify Yes or N		14. Rece - Americ	can fndien,	
		1 Never Married 2 Mar	ried 1 🗆 Y	d Forces? Yes 2 🛭 N	lo				erto Hican, etc.)		Bleck, White,	etc.	
ò	2	3 ☐ Widowed 4 ☐ Divorced		s, Give or Detes:		1	☐ Yee 2☑N	Specify:			Specify: B1	ack	
P	3	15. Deceder	it's Education		16e	Deced	ant's Usuel Occ	upation		16b. Ki	ind of Business/In		
Completed	2	(Specify only highe				(Give I	kind of work don OO NOT usa retii	upation e during most of w ed)	rorking				
EO		Elementery/Secondary (0-12)	Colle	ge (1-4or 5	+)		tired -		Government				
		17. Father's Neme (First, Middle,	Last)					_	eme (First, Middle				
Be		Waster Manks									,		
2		Wesley Montgo							ia Stewa				
	- 1	Clifton Barnett - Husband 500 N Harry S. Truma 20a Method of Disposition (Verme of											
	-	Clifton Barnett - Husband 500 N Harry S. Truman 20a. Method of Disposition (Neme of proceedings of the proc											
	1	20a. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion	3 □Removel fr	rom State	20b. Plece o cemete	f Dispos ry, cram	sition (Neme of le <i>tory</i> or other p	ece)	Dete	20c. Lo	ocation - City or To	own, Steta	
		4 Donetion 5 Other (S		TOTA STATE	Harmon	ny M	emorial	Park	12/28/96	Lar	ndover, l	MD	
ouce		21. Signature of Funerel Service	Licensee	_	-1	22.	Name end Add	ress of Fecility					
al er al er		Immedieta Cause (Finai diseese or condition resulting in death)	e	Sa	Sep Due to (or es a Cray Due to (or as a	D	ead	oftus.				3days.	
edical Ex		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieled events resulting in deeth) Lest	с		Due to (or es e				-			Щ	
Physician/Me			d										
ysic	F	Pert If. Other algnificant condition				the un	derlying cause g	iven in Pert I.	23b. Dld	tobacco	use contribute to	the cause of death?	
		GI !	ore ed	hino	1				1 🗆	Yes 2	□ No 3 □ Prof	bably 400nknown	
b	1								-				
Completed	-	Par	nte ed nanson	ns c	13				24a. Was perfe	an eutop ormed?	ev	ere eutopsy findings allable prior to mpletion of cause daath?	
E			XA							Van A			
									10		No 1[Yas 2 No	
Be		25. Wes casa referred to medical exeminar?	Hospital:		h- a			thos	eath (Check only				
To.	-	1 Yes 2 No		I Inpatien			3LI DOA	4 LI Rursing	Homa 5□ Resi			y)	
Certification:	-	1 Neturel 5 Pendin 2 Accident Investig		ete of Injury Month, Dey	Year) 28b. 1	Time of njury	28c. Inj W	ury et ork?]Yes 2 □ No	28d. Describe	how injur	y occurred		
rtific		3 Sulcide 6 Could a determine	ined 286. P	iace of Injui	ry - At home, fe (Specify)	rm, stre	et, fectory, office)	28f. Location (City or To	Street end wn, State)	d Number or Rura)	I Routa Number,	
edical Ce	2	Chieck only 2 Medical	g Physician: To Examiner: On th	the best of	my knowledge	, deeth	occurred at the testingation. In my	ime, date end pied	ea, end due to the	ceusa(s)	end manner as at	ated.	
Med	L		end ii	nenner stet	ed.				and the state of				
1	2	9b. Signeture end title of certifier	\$n	46				se number 4647	8		e signed (Month,		
1	3	0. Neme and address of person				Type, P	rint)				`		
		Dureek A.	Patel		7501	5	urratts	Pel. #	1302. C	Ant	an mo	20735	
State		1. Deta filed (Month, Day, Year)			's Signature								
: उत्तवा	4	DEC 27 1996	Jalu dhe	SEST-A	ertalle								

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B.K.S ITEMS: 23 PART I, 27, PERState of Maryland / Department of Health and Mental Hygiene MEO FILM g-743 1/14/97 t.t Certificate of Death

40718

ě,	Physic /Med Exami	ical
C	Funeral lirector	_
death with the Maryland	ams 23a or 28a-f show	neral Director

Baltimore, Maryland 21215-0020

Phys /Me

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the effending physician and Division of Vital Records, P.O. Box 68760,

n	1. Decedent's Nan	T 7\ N.f.			DENITO	777				Date of Dea Month	Day	Year	3. Time of Death
af	WILL			BENIT	. EZ				DEC.	19,	1996	7:26 A	
r	HOLY	CROSS	give street and number HOSPITAL	r)				b. City, Towr SILVI	ER SI	PRINC	MOI	VTGON	MERY
	5. Social Security I	BLE	5. Sex 1 ☑ M 2 ☐ F	Age (In yrs. I	ast birthday) Yrs.	If Under 1 Y Months D	ear ays	if Under 24 Hours	Min. 8.	Date of Birtl (Month, Day CTOBER	20,197	9. Birthpl Count 3 EL	SALVADOI
	Usual Residence of 10a. State	10b. County		10c. City	, Town or Loc	cation						10	d. Inside City Lim
5	MD	MONTGO	MFRV		LVER S								% Yes 2□
5	10e. Street and Nu		123101	01	DVER O	10f. Zip Co	de				l 0g. Citizen of 1	What Count	rv?
2	2535 HOL	MAN AVE				2091	.0				EL SALV		
runeral Director	41	ried 2□ Marrie	12. Was Deceder Armed Forces d 1 Yes 2 If Yes, Give	17	If	Vas Decedent Yes, specify	Cubar	spanic Origin n, Mexican, f	n? (Specify Puerto Rica	Yes or No- an, etc.)	14. Rad Blad		
000	3 D Widowed	4 Divorced	Year or Dates	:				ороспу.			Specify	HISPA	NIC
ere	(Spe	 Decedent's cify only highest 	Education grade completed)		(Give I	ent's Usual O kind of work d	lone d	lurina most o	of working		16b. Kind of B	usiness/Ind	ustry
Completed	Etementary/Seconds 8th	ondary (0-12)	Cotlege (1-4o	r 5+)		OONOT use n CLEANER		ired)			METROPO	T.TTAN	DUCT
De C	17. Father's Name	(First, Middle, La	ast)			18. Mother's Name (First, Middle, Maiden Surname)						DUUI	
0	JOSE IS	MAEL BEI	NITEZ					MARIA	ESTE	R VIL	LATORO		
-	19e. Informent's N	ame/Reletionshi	p (Type, Print)		19b. Mailin	g Address (Si	reet a	ind Number	or Rural Ro	ute Numbe	r, City or Town,	State, Zip	Code)
			Z					D PLAC	EBURG	MD,	20710		
	CESILIO VASQUEZ 5221 TILDEN RD PLACEBURG MD, 20710 20a. Method of Disposition 14 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. Place of Disposition (Name of cemetery, crematory or other place) FAMILY CEMETERY 12-26-96 EL SAL												
	21. Signature of Fu	uperai Servica Lie	censee 276		W.	Name and A H. BAC	ON	FUNER	AL HO	ME IN	C. NGTON,D	. C. 2	0010
	23a. Part1. Enter t	he disease, or co	omplications that cause only one cause on each	ed the death									Approximate Interval Between
IIIIei	disease or condition resulting in deeth)		a. CARDIAC		as a consequ	ience of):							
al Examiner	Sequentially list co if any, teading to in cause. Enter Unde Cause (Disease or	enditions, nmediate erlying	с.	Due to (or	as a consequ	ienca of):							7.
medical	that initiated events resulting in death)	S	d	Due to (or	as a consequ	ence of):							
= 1		-											
0													
y ruysicialum	Part It. Other signif	ficant conditions	s contributing to death	but not resu	iting In the un	derlying caus	e give	n in Part I.			obacco uss co	ntributa to	the cause of deat
Dy ruys	Part tt. Other signif	ficant conditions	s contributing to death	but not resu	iting In the un	derlying caus	e give	n In Part I.			ss 2□ No	3 Prob	
Dy ruys	Part tt. Other signif	ficant conditions	s contributing to death	but not resu	iting In the un	derlyIng caus	e give	n in Part I.		1 □ Y 24a. Was a	in autopsy med?	3 Probe	e autopsy finding labie prior to pletion of cause
completed by rulys	25. Was case refer		s contributing to death	but not resu	iting In the un	derlying caus	e give	n in Part I.	f Death (CI	1 □ Y 24a. Was a perfor	in autopsy med?	3 Probe	e autopsy finding lable prior to pletion of cause eath?
to be completed by rulys	25. Was case refer examiner? ♣C% es 2□	red to medical No	Hospitai: 1 ☐ Inpat	ient 2XIX	iting In the un	3□ DOA	Othe	26. Place of		1 DY	in autopsy med?	24b. Wee avair corn of d	e autopsy finding lable prior to pletion of cause eath? Yes 2 \(\sum \text{No} \)
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to be completed by rillys	25. Was case referexaminer? >Cover 25. Was case referexaminer? >Cover 25. Wanner of Deat >Cover 25. Wanner of Deat	red to medical No h 5 □ Pending	Hospital: 1 Inpat 28a. Dete of tri (Month, D) ion the	ient 2XX	R/Outpatient 28b. Time of Injury	3□ DOA 28c. M	Othe	26. Place of r: 4 □ Nursl at ?	28d.	1 Y Y 24a. Was a perfor	in autopsy med? es 2 No es 2 No es 6 Oth ow injury occur	3 ☐ Probe 24b. Wei ava com of d 1 ☑ er (Specify)	e autopsy finding lable prior to pletion of cause eath? Yes 2 No
be completed by rulys	25. Was case referexaminer? **Congress 2 = 27. Manner of Deat **Val Natural 2 = Accident 3 = Suicide	red to medical No h 5 Pending Investigat 6 Could not determine	Hospital: 1 Inpat 28a. Dete of tri (Month, D) ion the	ient 2\(\text{X}\) ury ay Year) njury - At hor ic. (Specify, of my know	FVOutpatient 28b. Time of Injury ne, farm, stre	3 DOA 28c. M	Other	26. Place of 4 Nursi at ? 4s 2 No	28d.	1 V 24a. Was a perfor 1 V Neck only or 5 Residual Describe his control of Control of	in autopsy med? es 2 No es 2 No es 6 Oth ow injury occurr reet and Numb n, State) ause(s) and ma	3 Probe 24b. Wei ava com of d 1 7 er (Specify, red	e autopsy finding lable prior to pletion of cause eath? Yes 2 No Route Number,

32. Registrar's Signature

State

Registrar

DEC 23 1996

State of Maryland / Department of Health and Mental Hygiene

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40719

					Cei	rtificate	of	Death			Reg. No			
		1. Decedent's Neme (First, Middle, La	st)							2. Dete of D			No. of the	3. Time of Death
Physician		MERYERM BELKO	RA						DI	ECEMBE	R 21	, 19	96	5:15 PM
/Medical		4e. Fecility Neme (If not Institution, giv	e street and number	r)				4b. City, To		ation of Dea		. County	of Deeth	
LAGITITICI	1	NATIONAL INSTIT	TUTE OF HE	AL TH				BETHE	SDA				OMER	٧
maral.		5. Social Security Number 6. 5		ge (In yrs. la:	st birthday)	If Under 1	Yeer			8. Dete of Bi				
uneral rector	U		□м 2/О F	33	Yrs.	Months E	Deys	Hours	Min.	8. Dete of Bi (Month, D 9-10-	63		Moro	lece (State or Fore itry) C C O
od at	- 1-	10e. Stete 10b. County		10c. City,	Town or Lo	cation							1	0d. Inside City Lim
Examiner must be notified at by Funeral Director	5	linginia		Arli	ngton									1 ☐ Yas 2 ☑ I
Directo	3	/inginia 10e. Street end Number				10f. Zip Co	ode				10- 04	in an ad i	Affron Cours	
3 6			4041				000	2.1				Non OCCO		
Funeral	2	1200 veitch St,			140.1				1.1.0.40					
Q.	5	11. Meritel Stetus	12. Wes Decedent Armed Forces	7	. 13.	Wes Deceden 1 Yes, specify	Cub	an, Mexicai	n, Puerto F	city Yes or N Rican, etc.)	0-		e - Americ ck, White,	
by F		1 Never Merried 2 Merried	1 Yes 2 1		1 ☐ Yes 2 ☐ No Specify:							Specifi	w Whi	to
5	2	3 Widowed 4 Divorced	Yeer or Detes:										3/11/1	LE .
Be Completed		15. Decedent's Ed (Specify only highest gra	ducation ade com <i>pleted)</i>		18a. Deced (Give	dent's Usuel C kind of work o DO NOT use i	done	petion during mos	st of workin	g	18b. K	and of B	usiness/ind	dustry
2		Elementery/Secondery (0-12)	△ College (1-4or	5+)				ia)			,	,	_	
S	3		T		ПОТ	usewife	е				-	tom		
9		17. Fether's Name (First, Middle, Last								(First, Middle	s, Maiden	Suman	ne)	
P	2	Abderhmane Belko	ora					Bania	a Bel	kora				
F		19a. tnformant's Neme/Reletionship (Type, Print)		19b. Mellir	ng Address (S	Stree	t and Numb	er or Rural	Route Numb	ber, City o	or Town,	State, Zip	Code)
		Hassan Samrhouni			1200	V.Veit	ch	St,#9	941,A	rlingt	on, V	a 2	20001	
		20e. Method of Disposition		con	ce of Dispo	sition (Name	of er pla	ice)		Dete	20c. L	ocation -	City or To	wn, Stete
1 Donetton 5 Other (S		1 XJ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif				emetery		,	12-	27-96	Rab	at,	Moro	ССО
		21. Signeture of Funeral Service Licer	-		22	. Neme end A	Addre	ess of Fecili	ity ann	Vanna	٦ ٢	+ NI	LI	
Buc		D	a. n	1 -10	_				411	Kenne			_	
	-	Jane 1	00 /11	cause		niversa			-			sh,[1.6	
		23a. Pert1. Enter the disease, or comshock, or heert feilure. List only	one cause on eech l	ine.	Do not ent	er the mode o	or crys	ng, such es	cardiec or	respiretory (errest,			Approximate interval Between
an	Î	CONTRACT AND ADDRESS OF THE PARTY OF THE PAR	0		A.			\					İ	Onset and Death
al er	1	Immediate Ceuse (Finel disease or condition	. Res	MIGE	nets	1 ta		lur	9				1	6 hours
		resulting in death)		Due to (or a	as a consec	uence of);							İ	
9			. Sw	1/20	(5)	MIP		Ohs	Stru	tio.	^		į.	3 week
Examiner	3	Sequentielly list conditions,	D	Due to (or a	as a consec	uence of):								
		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initieted events	Who-	F= 7	-7	(),	lavio	(0 10	C 0 .		1	Lugar
S S S S S S S S S S S S S S S S S S S	2	Ceuse (Disease or Injury thet initieted events	c. Tole	Due to (or e	s a conseq	uenca of):		010 10	77		CCI		+	9200
//Wedical	3	resulting in deeth) Last		(į	
3			d										<u> </u>	
Physician	2	Pert II. Other significant conditions o	antributing to death I	hut not requili	ine le the	ndarbilan anu		uen in Best i	*	22h Did	Itahaana		ndulhida te	the cause of dea
be detached to	2	reit ii. Othai significant conditions c	ontributing to death i	out not result	ing in the u	idenying caus	se gr	ven in Pen	1.					
<u>a</u>										1	Yss 2	Z LI NO	3 Pro	bably 4 Unknown
leted by	3									24e. We	s an auto	nsv	24b. W	ere autopsy finding
Completed										perf	ormed?	poy	av	alleble prior to mpletion of cause
gu													of	death?
ပ္ပြဲ										10	Yes 2	No No	10	Yes 2 No
Be		25. Was case referred to medical examiner?						26. Plece	a of Deeth	(Check only	one)		1	
To Be		1 Yes 25 No	Hospitel: 1 Linpati	ient 2 🗆 El	R/Outpatier	t 3 DOA	Ot	her: 4 🗆 No	ursing Horr	ne 5 Res	Idenca	6 Oth	er (Specif	y)
		27. Menner of Deeth	28e. Dete of Inj	ury 2	8b. Time of	28c.	. Inju			8d. Describe				
Certification:		1) Neturel 5 ☐ Pending investigation	(Month, Da	ay redr)	Injury	м		Yes 2	No					
fice		3 ☐ Sulcide 6 ☐ Could not b	286. Place of in	njury - At hom	e, ferm, str	eet, fectory, o	office		2				ber or Rura	I Route Number,
Te		4 Homicide	building, e	(c. (Specify)						City or To	wn, State	B)		
2	-	29e. Certifier Certifying Ph	ysician: To the best	of my knowle	edge deeth	occurred at t	the #	me data co	nd please =	nd due to the	coursels) and m	anner es e	teted
edical		(Check only one)	niner: On the basis of end menner si	of examinetio	n end/or in	estigation, in	my (opinion, des	oth occurre	d at the time	, date an	d plece,	and due to	the ceuse(s)
Medical Certifi		29b. Signature end title of cartifier	जान गांगावि इ	10100.		29c I	icen	se number			29d De	te slone	d (Month	Day, Year)
5			E. Ru		MAR	The same of the sa	1	435	87	\	^			
		- Cardo	C. Pull	une,	ANGE)	, ,			Nec	cem	ber	21,199
- 1														1

NATIONAL INSTITUTES OF HEALTH, BETHESDA, MD 20892

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

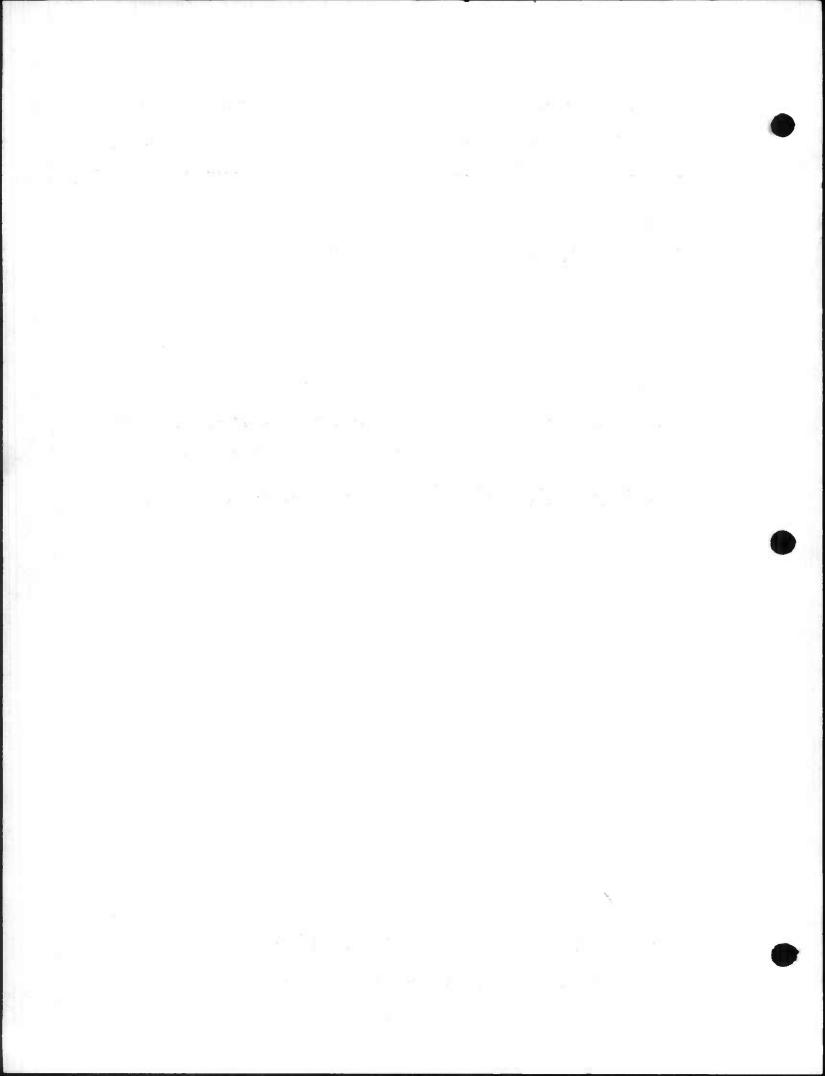
32. Registrer's Signature

CANDIDO E. RIVERA, M.D.

31. Date filed (Month, Dey, Year)

Registrar

State



		ITEMS: 23 PART I,	II, State of Maryland	/ Department of Health and Menta
10	1/9	27. PER MED FILM	G-743 1/13/97 t.t	Certificate of Death

	neg. 140.	
	2. Dete of Deeth Month Dey Ye	101
BI.ACKNET.I.	DEC 13 1006	

1. Decedent's Neme (First, Middle, Last) **Physician** WILMA DEC. 13, /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner MALCOLM GROW HOSPITAL

4c. County of Deeth CLINTON PRINCE GEORGES

5. Sociei Security Number **Funeral** Director

7. Age (In yrs. last birthday) if Under 1 Yeer if Under 24 Hrs. 6 Say 8. Dele of Birth (Month, Dey, Year) Birthplaca (State or Foreign Country) Months Deys Hours 1 M 2 XF Yrs. 579-77-0125 43 JUN 23, 1953 Wash., D.C. Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits

20018

N/A Washington, D.C.

1 Yes 2 No

10e. Street end Number

10f. Zip Code 10g. Citizen of Whet Country?

1615 Franklin Street, N.E. #102 12. Wes Decedent Ever in U,S Armed Forces?

United States Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ♥ No

14. Rece - American Indien, Bieck, Whita, etc. Specify: Black.

1 Never Married 2 Married 3 ☐ Widowed 4 ☼ Divorced

1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 15. Decedent's Education (Specify only highest grede completed)

16e. Decadent's Usuel Occupation (Give kind of work done during most of working-tife. DO NOT use retired)

Security Officer

16b. Kind of Business/Industry

Security

Elementary/Secondery (0-12) 10 17. Fether's Neme (First, Middle, Last)

College (1-4or 5+)

18. Mother's Neme (First, Middle, Maiden Surname)

Dete

Alfred A. Thomas

Daisy Green

19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

19a. Informent's Neme/Reletionship (Type, Print) Gregory Green (son)

2603 Oxon Run Drive, Temple Hills, Md. 20748

20e. Method of Disposition XXBurlel 2 Cremetion 3 Removel from Stele 4 ☐ Donetion 5 ☐ Other (Specify)

20b. Piece of Disposition (Name of cemetery, cremetory or other place) HARMONY MEMORIAL PARK

12/23/96 LANDOVER, MARYLAND

20c, Location - City or Town, Stete

21. Signature of Funeral Service License

22. Name end Address of Facility

ALEXANDER S. POPE FUNERAL HOMES

M859 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximately 3. Fore Fune RAL HUMES

5.538 Marlboro Pike, Forestville, Md, 20747

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Approximately 3.

Approximete Intervat Between Onset and Deeth

Immediete Ceuse (Finet diseese or condition resulting In deeth)

CARDIAC HYPERTROPHY

Due to (or es e consequence of):

Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Les! Physician/Medical

Due to (or es e consequence of):

Due to (or es e consequence of):

Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i.

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

LEUKEMIA

27. Manner of Death

24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Was en eutopsy performed?

1 Yes 2□ No

1 XYes 2 □ No

25. Wes case referred to medicat examiner?

26. Ptece of Deeth (Check only one) Hospitet: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

1 Neturei 5 Pending investigetion 2 Accident 6 Could not be determined 3 Sulcide 4 Homicide

28e. Plece of Injury - Al home, ferm, street, factory, offica building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

1 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the cause(s) end menner es stated. Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) end menner stated.

1 Yes 2 No

29b. Signeture and little of certifier

29c. License number O.C.M.E. 29d. Dete signed (Month, Day, Year) DEC. 14, 1996

bute me

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State

J hutemo 1996 Julia Warston Randall

1996

8:01 AM.

Director N/A

Funeral

þ

Completed

Be

Examiner

by

Completed

Be

Certification: To

Medical

the Maryland 28a-f show Examiner must be notified at ò 238 Herne

filed within 72 hours after death Baltimore, Maryland 21215-0020 *naturel*, or traumatic event, the Medical marked other than Hygiena permit. Pages 1 and 2 should be file Department of Heath and Mental Hy, Important: If item 27 is marked othe any Injury or other treumatic event, once.

Physician /Medical Examiner

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physician at s the burial-to

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director

funeral

pellif 24 hours

Hospital or Attending Physician: The lew requires that the death certificate be asscuted Division of Vital Records, P.O. Box 68760,

Registrar

4 (

State of Maryland / Department of Health and Mental Hygiene 96

						Certificate of	Death		Reg. No.	0	10121
			1. Decedent's Name (First, Middle, La	st)				2. Dale of De		Vene	3. Time of Death
	Physici /Medio		James Li). Chis	holr	\mathcal{D}		Dec.	21 1	996	11:11 AM
	Examin		4a. Fecility Neme (If not institution, giv	e street end number)			4b. City, Town, or Loc	eation of Deet	h 4c. County	of Death	1 1
			1709 Drud	en Wa	u		Croft	n	anne	o Ur	undel
Т	Funeral		5. Social Security Number 3. 8. 5		In yrs. lest bi	Montha Days	If Under 24 Hrs. Houra Min.	8. Date of Bir (Month, De	th v. Year)	9. Birthple	ace (Stete or Foreign
ŀ	Director		033 22 2/8/	⊠ M 2□F	54	Yrs.		Jan. 2	1, 1932	Massa	chusetts
	pur		Usual Residence of Decedent 10a. State 10b. County	1	Oc City Toy	vn or Location				10	ad Incide Other Limite
	aho	7	Maryland Anne Art		Croft					10	Od. Inalde City Limits 1 ☐ Yes 2 ĀÑo
	he M	ecto	10e. Street and Number		01010						
	with the Maryland a or 28a-f show be notred at	늅				10f. Zip Code	. ,		10g. Citizen of V		
	ath w	ig i	1709 Dryden Way	I		2111			United		
	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f ahow ant, the Medical Examinet must be not ad an	Funeral Director	11. Meritei Status	12. Wes Decedent Ever Armed Forces?	er in U,S.	13. Was Decedent of I If Yes, specify Cub	Hispenic Origin? (Spe en, Mexican, Puerto f	city Yes or No Rican, etc.)		e - America ck, White, e	
20	s aft	by F	1 ☐ Never Merried ★☑ Married 3 ☐ Widowed 4 ☐ Divorced	MXYea 2 No If Yes, Give Yeer or Dates: 5	2-5/	1 ☐ Yes 2CXNo	Specify:		Specify	: LIL	nite
Maryland 21215-0020	72 hours "natural",		15. Decedent's E			Decedent's Heuri Coour	nation		18b. Kind of Bu		
5	n 72	Be Completed	(Specify only highest gre		108	 Decedent's Usuai Occup (Give kind of work done life. DO NOT use retire 	during most of working	9	United		
12	filed within Hygiene.	Ĕ	Elementery/Secondery (0-12)	College (1-4or 5+)	S	ystems Analy			Justice		
D	be filed ital Hygi d other event,	ŏ	17. Father'a Name (First, Middle, Last,			ystems mai	18. Mother's Name	(First, Middle			TT CINCITO
an	d a b y	Be	James A. Chisholi				Margaret			,	
2	d 2 should be filed v h and Mental Hygie 7 Is marked other traumatic event, th	2	19a. Informant'a Name/Relationship (101	b. Malling Address (Street			er Clhy or Town	State 7in	Codel
Ma			Ellen Chisholm	Wife		709 Dryden V				1114	5556)
9	of Heelth of Heelth fitem 27 I		20e, Method of Disposition		20b. Placa	of Disposition (Name of		Date	20c. Location -	City or Toy	wn. Stata
Baltimore,	00		T☐ Burlai 2 ☐ Cremation 3 ☐			ory, cremetory or other ple and Veterans		12/27			
Ē	it. P.		4 ☐ Donation 5 ☐ Other (Specification 21. Signature of Funeral Service Licer		Maryı	22. Name end Addre		12/2/	/ 90 CLOV	VIISVIJ	rie nu.
Ba	permit. Pege Department of Important: If any Injury or once.		21. Signature of Porteral Service Con	6	7		Evans Fun	eral H	ome, P.A	A.	
10-			nounce.	Cours, 1	762		apolis Rd.				
K			23a. Pert1. Enter the disease, or com shock, or heart failure. List only	plications that caysed the one cause on each line.	e death. Do	not enter the mode of dyl	ng, such as cardlec o	respiratory a	rrest,		Approximete Interval Between
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	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a II)eta	esteti	c malign	ent m	elano	ma	1	
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	be at	Examiner		b							
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×	ding pl	2	· ·	d							
Box	eath ce ettendi	ian						, .			
P.O.	hat the death ed by the ette detached for	Physician/	Part II. Other significant conditions of	ontributing to death but r	not resulting	In the underlying cause gi	ven in Part I.				the cause of death?
	that the sed by detac	モ						10	Yes 2 No	3 Prob	ebly 4 Unknown
ds	signed del	Completed by						040 18400	an autonou	24h Wa	re autopsy findings
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Division of Vital Records,	Physician: The this certificate rail director, pag	Be	25. Wes case referred to medical examiner?	Managaria.		0	28. Place of Death	(Check only	on <i>e)</i>		
of	5 00	ရ	1 Yes 2 No	Hospital: 1 ☐ inpatient	2 ER/O	utpatient 3L DOA	her: 4 Nursing Hon		dence 8 Oth)
ñ	fing Ph Ther th funeral	0	27. Manner of Death 1 Natural 5 □ Pending	28a. Date of Injury (Month, Day Y	(ear) 28b.	Time of Injury 28c. Inju		8d. Dascribe	how injury occur	red	
Sic	tendi leath tor: / the f	Certification:	2 Accident investigation 3 Sulcide 6 Could not b				Yes 2 No				
Σ	frer of free pirect in by	Ē	4 ☐ Homicide determined	28e. Place of Injury building, etc. (- At home, fi Specify)	arm, street, factory, office	2	8f. Location (City or To	Street and Numb wn, Stete)	er or Rural	Route Number,
	To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer	ပ္					-				
	Hosp 24 ho Fund itely f	edicai	29a. Certifier (Check only one) 12 Certifying Ph	niner: On the basia of ex	camination ar	e, death occurred at the tind/or Investigation, in my o	me, date and place, a opinion, death occurre	nd due to the d at the time,	date and place,	and due to	aled. the cause(s)
	the the	Med	29b. Signature and title of certifier	and menner state	3.	29c. Licens	ee number		20d Date elano	d (Month 7	Ony Voor)
	5.¥₽8		255. Organizate and title of Certifier	1	^				29d. Date signe	13/94	
	M.	-	- Un (1 > 20.	~ II	ו.ט ערו	-1-165		101/0	3/10	0
6	20/11/	2	30. Name and address of person who		A	(Type, Print)	1465 inn mas	sey	111	\bigcirc 1	
-	- IV		900 Bestgate	. Kood	Soite	200, An	wabolis,	טוזו	917	01	
	Sta Registr		31. Date filed (Month, Day, Year) DEC 2 6 199	6 James de	Signature	whalf					

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State of Maryland / Department of Health and Mental Hygiene

		A December 1 State of State and Asia	(A)		Certific	ate of	Death	1 -		eg. No.	96 1	10/2
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uneral irector	1	577-52-8968	1 M 2 RE	ge (In yrs. las	Yrs. if Un Monti	der 1 Year hs Deys		Ain.	Date of Birth (Month, Day,	, 1935	9. Birthplece Country) Washingt	(Steta or Fore
Mow.	-	Usuel Residenca of Decedent 10a. State 10b. County		10c. City,	Town or Location					_	→ 10d. ir	nside City Lin
be notified at	3	Maryland Prince	George's		Capitol	Heigh	ts				3	Yes 2□
Dire		10e. Street end Number	H 0 = 0		10f.	Zip Coda			1	0g. Citizen of V		
ritems 23a	5	1409 Doe Wood Lar	ne #303	Ever in II S	13 Wes De	2074		(Specifi	Vac or No		ed State	
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		15. Decedent's (Specify only highest	Education grade completed)		16e. Decedent's U (Give kind of	work done	during most of	working		16b. Kind of Bu	usiness/industry	,
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d other event, I Be Cc		17. Fether's Neme (First, Middle, La	ist)					Mother's Neme (First, Middle, Melden Sumame)				
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7 Is me traum	- 1	19e. Informent's Neme/Relationshi Letitia M. River		19b. Meiling Addr							0785	
permit. Pages 1 and 2 should be filed within 72 h. Department of Health and Manlal Hygiene. Department of Health and Manlal Hygiene. Important: If I fear 27 is marked other than "neturally injury or other traumatic event, in a health and injury or other traumatic event, in a health and injury or other traumatic event, in a health and injury or other traumatic event. The Beat Completed To Be Completed		20e. Method of Disposition		20b. Pled	ca of Disposition (/	Name of					City or Town, S	
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any inj		21. Signature of Funeral Service Lie	censee #	1 111	STEWA	RT FU	ass of Facility JNERAL I	HOME,	Inc.			
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2 should									24e. Wes as perform	n autopsy ned?	24b. Were at aveileble complet of death	prior to ion of cause
page page									1 □ Ye	s 2)X No	1 🗆 Yes	2□ No
ertific Be	2	5. Wes case referred to medical exeminer?	Hospitel:			011	26. Pleca of I					
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oral din		1 Naturel 5 ☐ Pending	28e. Dete of Inju (Month, De	y Year)	Injury M		rk? Yes 2□No				er or Rural Rou	ta Number
ctor: After this y the funeral d flcation: To		2 Accident investigat 3 Suicide 6 Could not		ury - At home	a ferm street fact	ON Office						
erel Director: After this filled in by the funeral d il Certification: To		2 Accident investigat 3 Suicide 6 Could not 4 Homicide determine	building, et	c. (Specify)	e, ferm, street, fact				City or Town	, Stete)		
he Funeral Director: After this pletally filled in by the funeral dedical Certification: To	1	2 Accident 3 Suicide 4 Homicide investigat 6 Could not determine	286. Pieca of in	c. (Specify) of my knowle	odge, deeth occurre a and/or investigeti	ed et the tir	pinion, deeth o	ece, and courred a	due to the cat the time, de	use(s) and ma	nner as stated. and due to the c	cause(s)
el Director: After ti led in by the funera led in by the funera Certification:	1	2 Accident 3 Suicide 4 Homloide 29a. Certifier (Check only 29a. Medical Ex	Physician: To the best	c. (Specify) of my knowle	odge, deeth occurre a and/or investigeti	ed et the tir	pinion, deeth o	ece, and courred a	due to the cat the time, de	use(s) and ma	nner as stated. and due to the c	cause(s)
To the Funerel Director: After this completely filled in by the funeral d Medical Certification: To	2	2 Accident 3 Suicide 4 Homloide 29a. Certifier (Check only one) 1 Certifying I	289. Pleca of the building, of publications. To the best aminer: On the basis-on and manner at the publication of completed cause of cause caus	c. (Specify) of my knowle	odge, deeth occurrent and/or investigeti	ed et the tir	pinion, deeth o	ece, and courred a	due to the cat the time, de	use(s) and ma	nner as stated. and due to the c	cause(s)

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 40723 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth CLEMENT Month Day ELIZABETH **Physician** DECEMBER 1998 /Medical 4a. Facility Neme (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Death Examiner Union Hospital of Cecil County E1kton if Under 24 Hrs. Hours Min. If Under 1 Year Months Deys 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) 1 ☐ M 2 🖾 F Yrs 87 156-36-5197 March 19, 1909 New Jersey Usual Residence of Decedent 10a. State 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Director Maryland Cecil Chesapeake City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral 151 Port Herman Drive 21915 United States 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11 Marital Status 1 Yes 2 No
If Yes, Give
Year or Dates: 1 Never Married 2 Merried 1 ☐ Yes 2 1 No White Specify: Specify: à 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Homemaker Her own home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be 0 Willard S. Thacher Elizabeth Middleton 19a. Informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 960 Town Point Road, Joanne C. Poff / daughter Chesapeake City, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State 27 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Dec. 4 ☐ Donation 5 ☐ Other (Specify) 1996 A. Ferris Crematory West Chester, Penna. 21. Signature of Funeral Service Licensia 22. Name and Address of Facility Crouch Funeral Home 127 South Main Street, North East, MD 21901 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) VENTRICULAR FIBRILLATION Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of): Physician/Medicai Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Honknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical axaminer? Be 28. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 Divis 2 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Hetural 1 ☐ Yes 2 ☐ No 2 Accident Could not be 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Piace of injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner steted. Medical 29e. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) DENICK M 30. Name and address of parson who completed cause of death (tem 23a) (Type, Print) UNION

32. Registrar & Signature

a Davidson-Randala

Funeral

Director

item 27 is marked other than "natural", or items 23a or 28s-f show other traumstic event, the Medical Examinar must be nedited at

permit. Pages 1 and 2 should be filed within 72 hours after of Department of Heelih and Mental Hygiene. Important: if Item 27 is marked other than "natural", or item eny injury or other traumatic event, the Medical Exercises once.

Physician /Medical

Examiner

the death certificate be executed the ettending physician and thed for use as the burlel-trans

Box 68760.

P.O.

Division of Vital Records,

certificate has

funeral

al or Attending Physician: T is effer death.

Hospital To the Hospital within 24 hours or To the Funeral C

Baltimore, Maryland 21215-0020

death with the Meryland

Registrar

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene

6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Daath Month **Physician** Charles Francis Connor December 25, 1996 2:10 A.M. /Medicai 4b. City, Town, or Location of Death 4a. Fecility Neme (If not institution, give street end number) 4c. County of Death **Examiner** Rockville Nursing Home Rockville Montgomery If Under 1 Yaar If Under 24 Hrs. 5. Sociei Security Number 7. Aga (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) Birthpiece (State or Foreign Country) **Funerai** Days Hours 10XM 2□ F Vrs 205-10-4566 Director Nov. 13,1904 Scotland Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location rai", or items 23a or 28a-f show Examiner must be notified at 10d. Inside City Limits Yes 2 No Director Maryland | Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 809 Aster Blvd. 20850 United States death Funeral 12. Wes Decadent Ever in U,S Armed Forces? Raca - American Indien, Bleck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status Pages 1 and 2 should be filed within 72 hours after inter of Hathle and Mertal Hygiene. Interfile merked other than "natural", or item into or other traumatic event, ITE Medical Enteringuists or other traumatic event, ITE Medical Enteringuists. 1 ☐ Yes 2 ☐XNo If Yes, Give Yeer or Datas: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: by 3€ Widowed 4 Divorced White Completed 15. Decedant's Education (Specify only highest grede completed) 18e. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Engineer US Government 17. Father's Neme (First, Middle, Last) 18. Mother's Nema (First, Middle, Meiden Sumeme) Be Francis Connor Jean Turner McCue 19e. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia Connor Coogan/Daughter 809 Aster Blvd., Rockville, Maryland 20b. Pleca of Disposition (Neme of cametery, cremetory or other piece) Dec. 30, 1996 20e. Method of Disposition 20c. Location - City or Town, State 1 Buriei 2 Cremetion 3 Ramovai from Stete Department of Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) Our Lady of Sorrows Cemetery Finch Hill, Pennsylvania 21. Signatura of Funerel Service Licansee 22. Nama and Addrass of Fecility Robert A. Pumphrey Funeral Home/ M00348 Rockville, Inc., 300 W. Montgomery Avenue, Rockville, Maryland 20850-2805 Kulta 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete ntarval Batw Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in daath) /Medicai , Pneumonia Examiner Dua to (or as e consaquanca of): Examiner Congestive Heart Failure The law requires that the death certificate be executed Sequentially list conditions, if eny, laeding to immediate cause. Enter Underlying Causa (Diseese or Injury that initiated avants rasulting in death) Last Dua to (or as e consequence of): physician s the burial Box 68760. Physician/Medical Due to (or as e consequenca of): P.O. signed by the a Pert II. Other eignificant conditions contributing to deeth but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown A.S.C.V.D. Records, by 24b. Were autopsy findings aveilable prior to complation of cause of deeth? Completed 24e. Wes an autopsy performad? page 2 has 1 Yes 2 No 1 ☐ Yes 2 No this certificate of Vital spital or Attending Physician: Thours after death, meral Director: After this certificat y filled in by the funeral director, p 25. Was case rafarred to medical Be 26. Place of Death (Check only ona) Hospitel: Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) Certification: To 1 ☐ Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28d. Dascribe how Injury occurred 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury et Work? Division 1 Netural 5 Pending invastigation 1 Yas 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 28f. Location (Streat end Number or Rural Route Number, City or Town, Stete) 4 Homicida To the Hospital within 24 hours a To the Funeral C Hospital to Certifying Physician: To the best of my knowladga, daath occurred et the time, dete end pleca, end due to the ceuse(s) end menner es stated.

| Medical Examinar: On the basis of examination end/or invastigation, in my opinion, death occurred et the time, dete end plece, and dua to the causa(s) end mannar stated. 29e. Certifier Medical completaly 29b. Signatura and title of certifier 29c. Licansa number 29d. Dete signed (Month, Dey, Yeer) December 26, 1996 30. Name end eddrass of person who completed causa of degth (Itam 23a) (Type, Print) 809 Veirs Mill Road, Rockville, Maryland 20851 0 Frauke Westphal, M.D., 31. Dete filed (Month, Dey, Year)
DEC 2 7 1996 32. Flegistrer's Signature State

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene

40725 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month atravas aNUL 22)ec /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Suburban Hospital Bethesda Montgomery 8. Deta of Birth (Month, Day, Year) Jan. 12, 1 5. Social Sacurity Number If Undar 1 Year if Under 24 Hrs. 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys 1 □ M 2 🗓 F Months Yrs 325-26-2917 62 **Director** Illinois 1934 Usual Residence of Decedent with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits traumatic avent, the Medical Examiner must be notified at Director 1 ☐ Yas 2 No Maryland Montgomery Bethesda 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? ò 8512 Bradmoor Drive items 23a 20817 United States Funeral death 12. Was Dacadant Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 11 Marital Status 14. Raca - American Indian, Biack. White, atc. filed within 72 hours after 1 ☐ Never Married 2 ☑ Marriad 1 ☐ Yas 2 ☑ No If Yas, Give Yeer or Datas: 21215-0020 ò 1 ☐ Yes 2 No Specify: by Specity. 3 □ Widowad 4 □ Divorced "natural", White Completed 15. Dacedent's Education for only highest grade completed) 16e. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry (Specify only highast grada n and Mental Hygiene. Elemantery/Sacondary (0-12) Collaga (1-4or 5+) Librarian Libraries Baltimore, Maryland 17. Fethar's Nama (First, Middla, Last) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Itam 27 is marked othen any Injury or other traumatic avent 18. Mother's Neme (First, Middle, Maiden Surnama) Be Edward Brennan Healy Anne Dunne 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) George Nikolas Catravas/Husband 8512 Bradmoor Drive, Bethesda, Maryland 20817 20b. Place of Disposition (Neme of camatery, cramatory or other place)

Data

Data

1996 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Ramoval from Stete 4 ☐ Donation 5 ☐ Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland 21. Signature of Funeral Sarvica Licansae

22. Name and Addrass of Facility
Robert A. Pumphrey Funeral Home/ Chase, Inc.

M00198

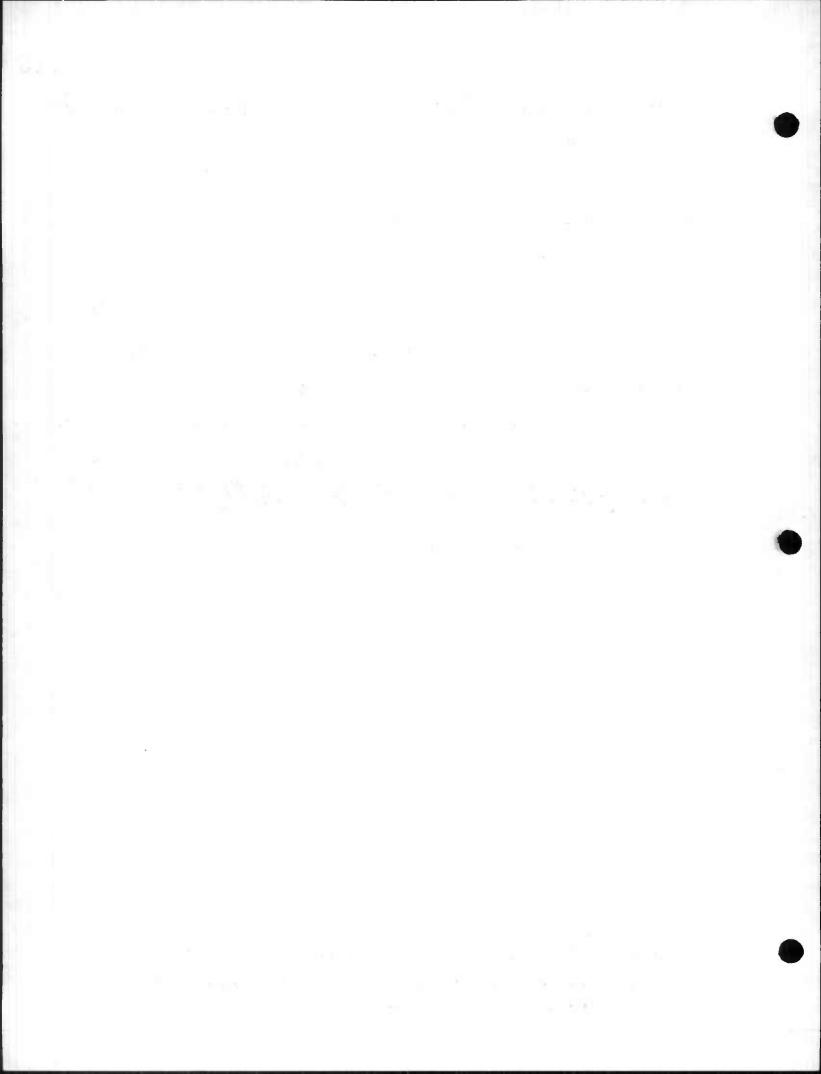
23. Part1. Enter the disease, or complicetions that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast,

Approximate

Approximate Approximata Interval Between Onset end Daath **Physician** /Medical Immediata Cause (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed burial-tran Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Diseasa or injury that initieted avents rasulting in death) Last and Dua (or as a consequence of) Box 68760, attending physician alpart Physician/Medicai the th Dua to (or as a consequence of) ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records. P.O. this certificate has been signed by ral director, page 2 should be detacted. 1 Yes 2 No 3 Probably 4 ☐ Unknown þ Completed 24b. Wera autopsy findings evallabla prior to completion of causa of deeth? 24a. Wes an autopsy performed? 1 ☐ Yes 2 No Hospital or Attending Physician: '24 hours after death.'
Funeral Director: After this certifica Be 25. Was case rafarrad to medical 26. Placa of Deeth (Check only ona) axaminer? Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 20 1 Yas 2 No 1 Monpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Data of Injury 28b. Tima of Certification: 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Natural 2 Accident Year) 5 Panding 1 Yes 2 No Invastigation in by the 6 Could not be determined 3 Sulcida 28a. Place of Injury - At home, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Steta) 4 Homicida To the Hospital e within 24 hours a To the Funeral D Scertifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the best of axamination and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and menner stated. Medical 29e. Cartifier Signeture end live of eartifiar 29b 29c. Licansa numbar 29d. Date signed (Month, Day, Year) 30. Name and address of person who complated cause of death (Itam 23a) (Type, Print) Yeur, Retherda, Md 20874 31. Data filed (Month, Day, Year)
DEC 2 4 1996 32. Hegiştrari Signatura State Registrar

DHMH 16 Rev 6/95



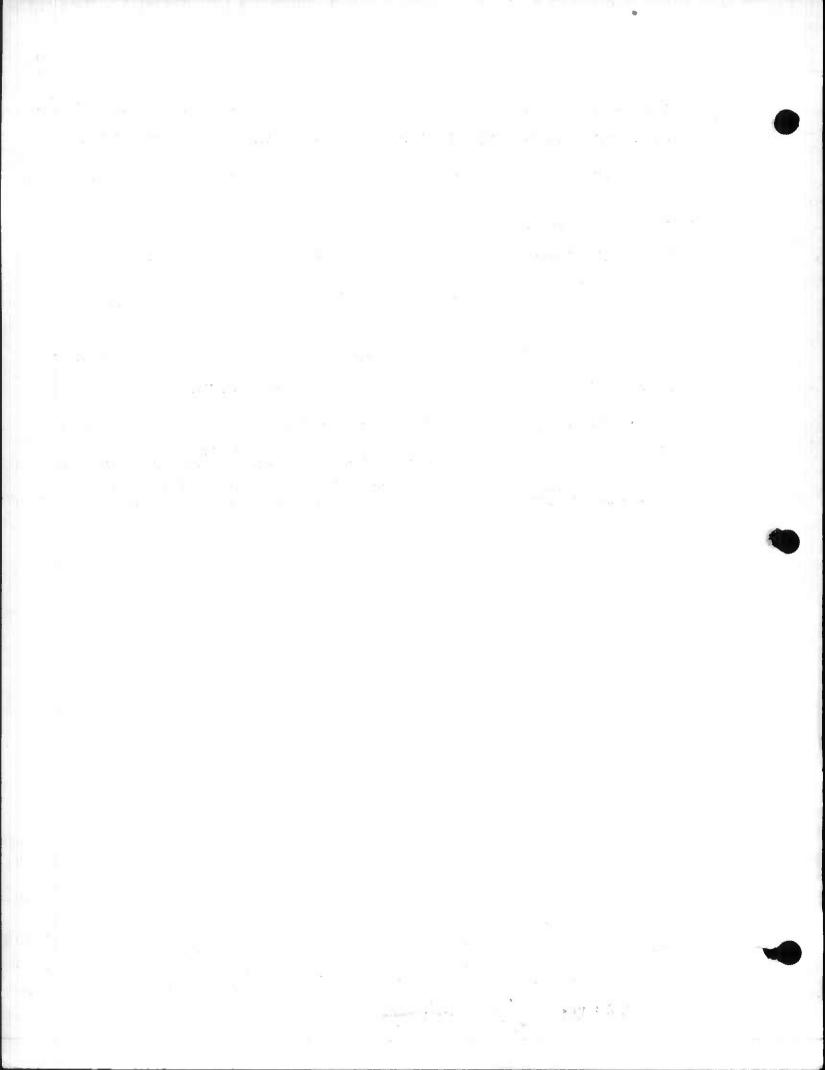
State of Maryland / Department of Health and Mental Hygiene 40726 Certificate of Death 1. Dacedent's Name (First, Middle, Last) 3. Time of Death 2. Deta of Daeth Døy Month **Physician** SCEMBER 17, 1996 1111 Am William Bernard Carney /Medical 4e. Fecility Name (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** MONTGOMERY ROCKVILLE SHADY GROVE ADVENTIST HOSPITAL 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Aga (in yrs. lest birthday) **Funeral** 8. Dale of Birth (Month, Dey, Year) Birthpleca (State or Foreign Country) 1 ☑ M 2 □ F Months Days Hours Director 579-07-2589 April 9,1915 Washington, D.C. Usual Residence of Decedent with the Maryland 10a State 10h. County worle 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f ehor the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Directo Maryland | Montgomery Rockville. 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 13100 Foxden Drive 20850 USA 12. Was Decedent Ever in U,S. Armed Forcas? 1 No 2 □ No 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Marital Status 14. Race - American Indien, Bleck, White, etc. filed within 72 hours after 1 Navar Married 20 Married Baltimore, Maryland 21215-0020 1 Tyes 2 No Spacify: Specify: p 3 Widowed 4 Divorced Yeer or Detes: WW II White Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry d 2 should be filed within in end Mental Hygiene. Elamentery/Secondary (0-12) College (1-4or 5+) Investigator FAA Federal Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Be permit. Pages 1 end 2 should to Department of Heelth end Meni Thomas Carney Mary Jane Murray 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Gertrude E. Carney 13100 Foxden Drive Rockville, Maryland 20850 20b. Plece of Disposition (Nema of cemetery, cremetory or other place) 20e. Method of Disposition Dale 20c. Location - City or Town, Stete 1 X Burlal 2 ☐ Cremetion 3 ☐ Ramoval from State 12/31/96 4 ☐ Donetion 5 ☐ Other (Specify) Arlington National Cemetery Arlington, Virginia Funerei Sarvice Lie 22. Neme end Addrass of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd., W., Silver Spring, MD 20901 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or haart failure. List only one cause on each lina. Approximate Intervel Between Onset and Death **Physiclan** /Medical Immediate Cause (Final disaase or condition resulting in death) an Examiner burial-transit Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Dule to (or es e consequence of) physicien s the burial Box 68760. Mocardias Physician/Medicai ettending Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contributs to the cause of death? signed by t 1 Yss 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings avelleble prior to completion of cause of death? 24e. Wes en autopsy performed? Be Completed 1 Yes 2 No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this cartification of the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, to the funeral director, the funeral director, the funeral director, the funeral director, the funeral director director, the funeral director director director director. 25. Was cese referred to medical 28. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Yes 2 No 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification; 5 Pending Investigetion * Netural 1 Yes 2 No 2 Accident 3 ☐ Sulcide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28a. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) and mannar as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end manner stated. Medical 29a. Certifier 29b. Signature and title of certifier 29c. Licansa number 29d. Dete signed (Month, Day, Year) Buss 30. Name and address of person who completed cause of death (them 23a) (type, Print) Lockville, Mary land 20050 998/ Medical te

State Registrar 31. Date filed (Month, Dey, Year)

DEC 2 4 1996

22. Registrar's Signeture



State of Maryland / Department of Health and Mental Hygiene

partment of Health and Mental Hygiene ertificate of Death 96 40727

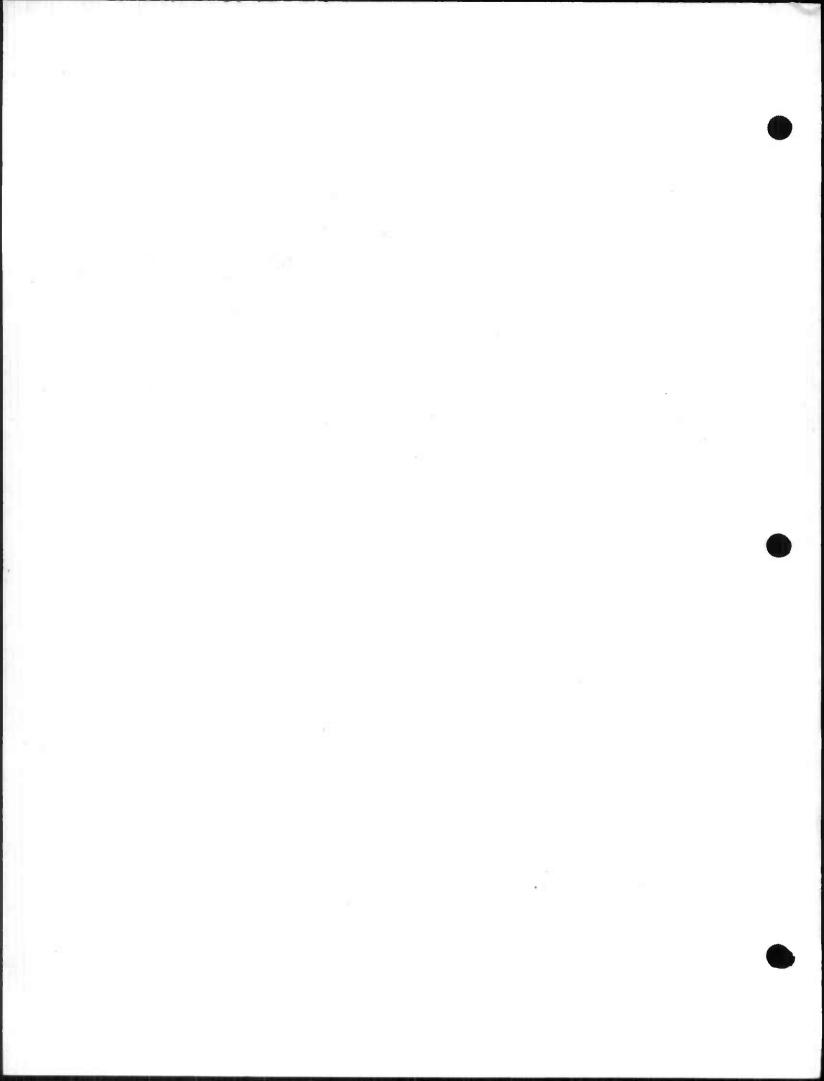
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			Rockville Nursi 5. Sociel Security Number 6. S		In yrs. last birt	thday) If L	Jnder 1 Year		kville			tgome		r Foreign
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8	within 72 hours after one. their "naturel", or its be Medical Examina	by F	1 Never Married 2 Married	1 ☐ Yes 2 X No If Yes, Give		1 🗆 Y	es 2K) No	Specify:			Specil	v:		
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Maryland 21215-0020		To	Wallace Carson					Ag	nes	no	ot avai	lable	2	
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			William L. Carso	n / son	87	21 Joi	nes Mi	11 Roa	d, Che	vy Cl	hase, M	lary1a	and 20	0815
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			21. Signature of Funeral Service Licen	- 4	M00831			ess of Facility			Decliese	ia, m	aryzani	u
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			23e. Part1. Enter the disease, or com- shock, or heart tallure. List only	one cause on each line.	ie death. Dor	tot enter trie	mode of dyl	ng, such as ca	ardiac or resp	piratory ari	rest,		Approximate Interval Bety Onset end E	ween
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		U	ENTIF	CATE	UF	DEA	П		REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATN
	Andrew Caporaso 4. social security number	5. SEX	6. AGE (in yrs. la	nt bloth de a	15 (MOED 4	WEAR		A4 1000	Decemb		1996		5:40 AM M
	144-01-9523	1 💢 M 2 🗆 F	73	YRS.	MONTHS .	DAYS	HOURS HOURS	MIN.	August	10. 1	923	New	Jersey
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN	OR LOCATION	ON OF DE		,		JNTY OF D	
TOR	Randolph Hills Nur	sing Cen	ter		Whea	to	n				Mor	ntgom	ery
FUNERAL DIRECTOR	Maryland Monto	, gomery			ver S								10d. INSIDE CITY LIMITS? X 1 YES 2 NO
7	10e. STREET AND NUMBER	Jonie i J		1 011		÷	f. ZIP CODE	E			10a, CI	TIZEN OF V	HAT COUNTRY?
NER	1220 Blair Mill Ro						0910-						States
BY	11, MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W 1942	YES 2	RMED NO	16	yes, s		n, Mexica	NIC ORIGIN? (in, Puerto Rici y:		or No—	Special Will	t — American Indian, t, White, atc. fy: te
ED	15. OECEDENT'S EDUC (Specify only highest grade		16a, D	16a. DECEDENT'S USUAL (Give kind of work do			ON on working		16b. Ki	NO OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+	·)	a. Do NOT us	ticia		ost or works	'Y	We	ather	r Bui	reau	
MO	17. FATHER'S NAME (First, Middle, Last)		1110	OTTOTAL			18. MOTI	NER'S NA	ME (First, Mid				
Ö	Frederick Capora	aso							race I		,		
BE	19e, INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRESS	(Street			Floute Number,		n, State, Z	ip Code)	
5	Pasquale Caporaso)							olonia	, Nev	v Je	rsey	
	20e. METHOD OF DISPOSITION t	oval from State	20b.PLACE Chesa					•	12-24	Be I	CATION -	lle,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	0		Ra	pp	Fune:	ral	Servio	ces,	P.A.	ina	MD 20910
N		Chronic		uctiv		ıg [)isea:	se					Interval Between Onset and Death Years
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in deeth) LAST	с.	(OR AS A CONSE										
ור	PART II. Other algorificent condition	a contributing to	death but not	resulting	In the und	derlylr	ng cause	given in	Part I. 2	Is. WAS AN		24b	WERE AUTOPSY FINDINGS
2	Coronary Artery	Disease,	Perfor	ated	Visc	ous	5			PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
Σ					V						, L.		OF DEATH?
ÿ	DID TOBACCO USE CONT	RIBUTE TO CA						ERTAI	N 🗆				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEA	OTHER								
PHYSICIAN:	1 YES 2 X NO	1 Inpatient 2		-				eldenca	8 Other (
BY PF	1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Di	ay, Year)	28b. TIM	JURY M	W	JURY AT ORK? YES 2] NO	28d. DESC	HBE HOW I	NJURY O	CCURED	
ED	3 Suicide 8 Could not be 4 Nomicide datermined	28e. PLACE O building,	FINJURY — At h atc. (Spec/fy)	ome, farm,	street, facto	ery, offi	ce		261. LOCATI City or	ON (Street (Town, State)	and Number	er or Rural f	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 \(\overline{\text{V}} \) CERTIFYING PNYSI 2 \(\overline{\text{MEDICAL}} \) MEDICAL EXAMINE												i) end manner ee stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	7	_				29c. LICI	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
10 8	Martin C)	Ray 04)	F11 0-	B.1		D 08	3944			D	ecemb	per 23, 1996
	30. NAME AND ADDRESS OF PERSON WH Martin C. Shargel			3720	Farra	igu'	t Ave	nue,	Kens	ingto	n, M	lary1	and 20895
	DEC 2 6 1996	D'S SIGNATURE	indett	N									



State of Maryland / Department of Health and Mental Hygiene

						Certific	cate of	Death		Reg. No.	6	+07	29
	el Division in		1. Decedent's Name (First, Middle, Last	0					2. Date of De	eth		3. Time of	Death
J	Physic /Medi		Vincent W.	CI	leary				Decemb	er 17,1	996	2:00p	m
	Exami		4a. Facility Name (If not institution, give	street and number)				4b. City, Town, or	Location of Deeth	4c. County			
			1616 Old Town Roa					Edgewate		Anne	Arunde	≥1	
	Funeral Director		5. Social Security Number 6. Se 578-48-1079 Usual Residence of Decedent	M 2DE	(In yrs. last bii 38		Inder 1 Year onths Days	If Under 24 Hrs Hours Min	. (Month, De	th y, Year) 3, 1908	9. Birthpla Country Illir	nois	r Foreign
	land low		10a. State 10b. County	1	10c. City, Tow	n or Location	1				100	d. Inside Ci	ity Limits
	Man,	to	Maryland Anne Aru	inde1	Edgewa	ter						1 XYes	2 □ No
	or 28	Director	10e. Street and Number				f. Zip Code			10g. Citizen of V	Vhat Countr	y?	
	23a		1616 Old Town Road	l			21037			U.S.A.		88)	
Maryland 21215-0020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show says injury or other traumatic event, the Medical Examiner must be notified at 900ce.	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ev Armed Forces? 1 Yes 2 □ No If Yes, Give Year or Dates:			Decadent of I specify Cub es 21 No	Hispenic Origin? (Sen, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)		e - Americar ck, White, etc	c.	
2-0	72 ho	ted	15. Decadent's Edu	cation	16a	Decedent's	Usual Occup	pation	16b. Kind of Business/Industry				
21	ithin 7	Completed	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5+))	life. DO NO	OT work done OT use retire	during most of wo d)	orking				
2	led w lygien her th	Co		2		Park P	olice	o.b. Government					
and	ntal H od ott	Be	17. Father's Name (First, Middle, Last)					18. Mother's Na	me (First, Middle,	Maiden Surnem	Θ)		
2	d Me d Me mark	To	William Cleary 19a. Informant's Neme/Relationship (Ty		101	Malling Ada	dana (01	Blanche		nson	0 7		
E S	d 2 s lth en 17 is i		Leone M. Cleary -					and Number or R					
ē,	f Hea		20a. Method of Disposition		20b. Plece o camete	f Disposition	(Name of	Road E	Edgewater	Mary L 20c. Location -			
E O	Peges nent of h ant: if ite ary or of		1 ☑ Burial 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	relificael from State		ny, crematory ary [†] s			2/23/96	17	T114		
Baltimore,	mit. I partm ontar inju		21. Signature of Funeral Service Liberty	1	oc. H	22. Nam	ne end Addre	ss of Facility	2/23/96				-
B	Depa impo eny ir		1 Ho. V. 1	- ()		Fran	cis Ga	sch's Sc	ns Funer	al Home	, P.A	. 0070	,
			23a. Part1. Enter the disease, or complishock, or heart failure. List only or	ications that caused th	ne death. Do	not enter the	Balti mode of dyir	more Ave	c or respiratory er	ttsvill	A	Approximate	69
	Physician /Medical		Immediate Cause (Final disease or condition								C	nterval Bet Onset and E	veen Death
	Examiner	_	resulting in deeth)	Dı	ue to (or as e	consequence	e of):	SYNDRA	our E)				
	bed isit	Examiner	t	, 10 7	HRO	mBD	CHTO	SA			i		
	and and si-trar	xan	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Du	ue to (or as a	consequance	of):						
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Ö.	deeti e ette	sicle	Part II. Other significant conditions con	tributing to death but r	not resulting in	the underly	ing cause giv	ren in Part I.	23b. Dld t	obacco use cor	tribute to ti	he cause c	of death?
P.0	res that the death signed by the etter I be deteched for u	Physiclan/	2)						10		3 Probal		0.11/1002
Ś	igned be de	by											
Division of Vital Records,	aw requi	Completed								an autopsy med?	availe	e autopsy fi eble prior to pletion of co eath?	0
E	는 물을								101	es 2⊠No	1 🗆 Y	Yes 2□	No
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ō	Phys ral di	7.	1 ☐ Yes 2 ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	1 ☐ inpatient 28a. Date of Injury		tpatient 3	DOA Oth	4 Li Nuising r	lome 5 Pescribe b	lenca 8 Othe			
0	ding in.	tlon	1 Netural 5 Pending 2 Accident Investigation	(Month, Dey Y		njury M	28c. Injur Wor	k? Yes 2 □ No	200. Describe I	low injury occurr	ed		
DIVIS	il or Attending Physician: efter death. Director: After this certific d in by the funeral director,	Certification:	3 Suicide 6 Could not be determined	28e. Placa of Injury building, etc. (- At home, fa (Specify)				28f. Location (S City or Tow	Street and Numbern, State)	er or Rural F	Poute Numi	ber,
	Hospita Puneral fely fille	edical C	29a. Certifier (Check only one) 1 Certifying Phys 2 Medical Examin	sician: To the best of mer: On the basis of ex and manner stated	camination and	, death occur d/or investige	rred at the tin tion, in my o	ne, date end piaca pinlon, deeth occu	a, and due to the curred at the time, c	ceuse(s) and ma dete end placa, a	nner as state	ed. ne ceuse(s)
	within 2 To the	Me	29b. Signature end title of certifier	C State			29c. Licens	e number		29d. Date signed	Month, Da	y, Year)	
	10		1/1/2	1			Da	3557					
/	17	-	30. Name and address of person who co	mpleted cause of deat	th (Item 23a) (Type, Print)	-	/	d	DEC 19	195	6	
(10/		Anthony J Caputo M	D 139 01	ld Solo		sland	Road A	nnapolis	, Md			
	Sta Registra		31. Date filed (Month, Day, Year)	32 Register's	Signature								

State of Maryla

	D Date of Death			Ť
Certificate of Death	Reg. No.	20	7010	0
nd / Department of Health and I	Mental Hygiene	96	4073	(

the Maryland 28a-f show 6 items 23a death filed within 72 hours efter ò natural,

21215-0020 nd Mental Hygiene. marked other than Baltimore, Maryland permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other any injury or other traumatic avent

Physician /Medical **Examiner**

Box 68760.

Division of Vital Records, P.O.

Decedant's Nama (First, Middla, Last) **Physician** CARTER DECEMBER 18, 1996 4:00AM ELBERT RIDGEWAY /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 4303 MONROE STREET COTTAGE if Under 1 Year If Under 24 Hrs. CITY PRINCE GEORGES 8. Date of Birth (Month, Day, Year)
Dec 14,1927 Washington DC 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 6 Sax **Funeral** 12XM 2□ F Months Days Hours Yrs Director 579-32-9953 69 Usuai Rasidanca of Dacedant 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits traumatic avent, the Medical Examiner must be notified at 1 XYas 2 □ No Director Md. P.G. Cottage City 10e. Straat and Number 10f. Zip Code 10g. Citizan of What Country? 4303 Monroe Street 20784 Funeral U.S.A. 12. Was Dacedent Ever in U.S. Armed Forcas?

1X Yes 2 \(\text{No } 2 \) 14 \/ 51 \(\text{11} \) Yes \$\text{2DNo} 2 \) 14 \/ 53 Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - Amarican Indian, Black, Whita, atc. 11. Maritai Status 1 ☐ Navar Marriad 2 ☐ Married by 3 ☐ Widowed 4√ Privorced Specify. Black Completed 15. Decedant's Education 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry (Specify only highast grade complated) Elamantary/Secondery (0-12) College (1-4or 5+) 12th Deliveryman Private 17. Fathar's Name (First, Middla, Last) 18. Mother's Nema (First, Middle, Melden Surname) Be Robert R. Carter Lucille Frye 19a. informent's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Numbar or Rural Routa Number, City or Town, State, Zip Coda) 1625 Webster Street, N.W. Wash. D.C. Barbara Kaltenheuser/Dau. 20011 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Removal from Stata 4 □Donation 5 □ Othar (Specify) Md. Veterans Cem 12/30/96 Cheltenham, Md. 21. Signatura of Funarel Sarvica Licansaa 22. Name and Addrass of Facility Johnson & Jenkins Inc. St., N.W. Wash. D.C. 716 Kennedy 20011 23a. Part1. Enter the disaasa, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death Immediata Causa (Final · SMOKE DUHALATION disease or condition rasulting in death) Due to (or as e consaguence of) Examiner The law requires that the death certificete be executed burial-transit Sequantially list conditions, if any, laading to Immadiata cause. Enter Undarlying Ceuse (Disease or injury that initiated events rasulting in death) Last Dua to (or as a consequence of): Physician/Medical the Dua to (or as a consequance of): signed by the a Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara eutopsy findings available prior to complation of cause of daath? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 Yas 2 No certificate or Attending Physician: 25. Was casa referred to medical Be 26. Placa of Deeth (Check only one) Hospital: Othar: 4 Nursing Homa ***Residance 6 Othar (Specify) 2 XXYas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Deta of Injury (Month, Pay Year) 28b. Time of injury 27. Mennar of Death 28d. Dascribe how injury occurred 28c. injury at Work? Certification: After 5 Pending 1 Neturai 1 Yas 2 No DUNALUN STHOKE IN A HOUSE FIRE death. 0350AM invastigation 2 Accident Director: / 3 Sulcida 6 Could not be determined 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of injury - At homa, farm, streat, factory, offica building, atc. (Specify) 4 Homicida To the Hospital or within 24 hours after To the Funeral Direcomplately filled in b 13 03 MONROE ST PRINCE 400MG 1 Certifying Physician: To the best of my knowledge, daeth occurred et the tima, date and plece, end due to tha cause(s) end manner es stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daeth occurred at the tima, data and place, and due to the cause(s) and manner stated. Medical 29e. Certifier (Check only one) 29b. Signature and titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) O.C.M.E. DECEMBER 19, 1996 30. Nama and address of person who complated causa of death (item 23a) (Type, Print) A-Konsu My111 Penn Street, Baltimore, Maryland 21201

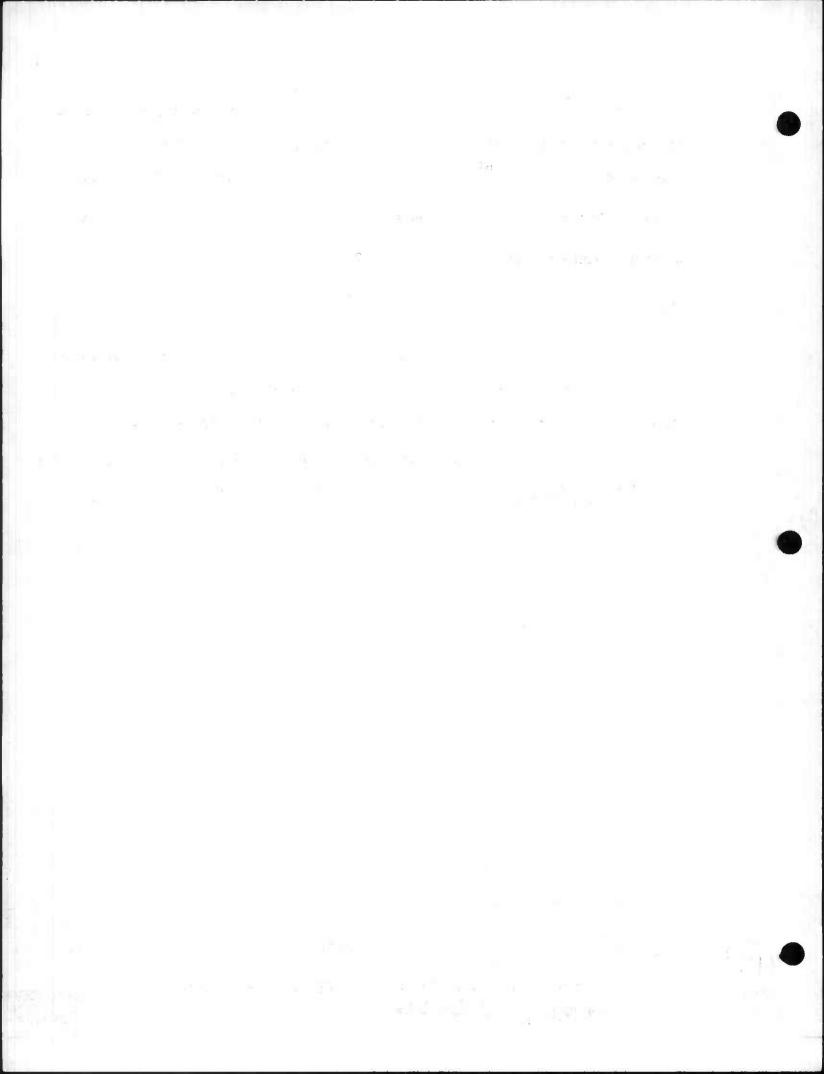
State Registrar 31. Data filed (Month, Day, Year)
DEC 2 7 1996

32. Registras's Signatura

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State of Maryland / Department of Health and Mental Hygiene

						Certifica		Death	Wieritai 11)	Reg. No.	16	40/31			
	Discolati		1. Decedant's Nama (First, Middla, L	*					2. Data of De Month		Yaar	3. Time of Death			
Physic /Med Exami			Elizabeth Ja	ne Courtney				6:20AM							
	Examir		4a. Facility Nama (If not institution, g	va straat and number)				4b. City, Town, or	Location of Death 4c. County of Death						
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L	Director		578-44-9083 Usual Rasidance of Decadant		August	29,1935	Kent	tucky							
	yland		10a. Stata 10b. County	11	Oc. City, Town	or Location					d. Insida City Limits				
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	or 28	Directo	10e. Straat and Number			10f. Z	p Coda			10g. Citizan of N	What Countr	у?			
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Maryland	9 6 5 7	To Be		C. Stone					s Huser	, marcan canan	ia)				
ary	4 DEE	-	19a. Informant's Name/Ralationship		19b.	Mailing Addras	s (Street	and Number or Ri		er. City or Town.	Stata. Zip C	Code)			
	d 2 les 7		Pam Abbott-Henegh	an/ Daughte				Ct. Oln				, ,			
ore,	(A 40 O		20a. Mathod of Disposition			Disposition (Na y, cramatory or			Data	20c. Location -		m, Stata			
E	Pages nent of int: If ite		Marial 2 ☐ Cramation 3 [4 ☐ Donation 5 ☐ Othar (Space	Tratiloval Iloili Stata				s Cem. 1	2-18-96	Chelte	nham.	Maryland			
Baltimore,	permit. Page: Department of Important: If it any Injury or		21. Signature of Funaral Sarvice Lica			22. Nama a	nd Addre	ass of Facility			,	,			
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ı	Physician							1	Λ	A		Onsat and Death			
	/Medical Examiner		Immediata Causa (Final diseasa or condition rasulting in daath)	Hemory	hazir	e C.	erel	ro-Va	scular	Aceide	~4				
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_6	nificata be axecuted ng physician and as the bunal-transit	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants	Due	a to (or as a c	onsequanca of)					ł				
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89	fficate p phy as the	Physician/Medical	rasulting In death) Last	Dua	to (or as a co	onsequanca of):									
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Division of Vital Records,	v require been si should	Completed	•						24a. Was	an autopsy ormed?	avail	a sutopsy findings abla prior to			
ec	has by	P P									of de	pletion of causa eath?			
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of	Physical direction	. To	1 ☐ Yas 24 ☐ No 27. Mannar of Death	Hospital: Anpatient		patient 3 D	JA	4 LI Nursing P							
U _O	After fune	tion	1. Natural 5 ☐ Panding	28a. Data of Injury (Month, Day Ye	28b. Ti	jury M			28d. Daschbe	now injury occur	ed				
S	deat ctor: y the	flca	3 ☐ Suicida 6 ☐ Could not b	e con Dines of fairm	At home fen	16		usa givan in Part f. 23b. Dld tobacco usa contribute for the part f. 1	er or Rural F	Route Number					
2	after Dire	Certification:	4 ☐ Homicida datarminad	building, atc. (S	pacify)	in, stroat, lactor	y, omoa		City or To	wn, Stata)	or or ribrarr	TOUTE TVETTEDOT,			
	To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page		29a. Certifiar Certifying Pt	ysician: To the best of m	y knowledga.	death occurred	at tha th	ma, data and place	, and dua to tha	causa(s) and ma	nnar as stat	ed.			
	n 24 n 24 ne Fu	Medicai	(Check only 2 Madical Examone)	ninar: On the basis of axe and mannar stated.	mination and	or Invastigation	, in my c	plnion, daath occu	rred at tha tima,	data and placa,	and dua to th	na cause(s)			
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			Wilhum	- 7. N.	nalo	_ I	452	285		December	20,	1996			
(15/1		30. Nama and address of person who												
			W.J. Ninala, M.D	. 18111 Prin	ce Phi	llip Dr	#:	212 Olnev	Md 20	832					
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-	negistra	Af.	DEC 23 199	O June	The state of the s	4									



State of Maryland / Department of Health and Mental Hygiene 96 40732

						Ce	rtificate of	Death			Reg. No.				
Physic		Decedent's Nam HOWARD		last) JGENE		(CONTEE			2. Dete of D Month December	Dey	Year 996	3. Time of Death 2:15 PM		
/Media Examir		4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death													
Funeral Director		5. Social Security N 579-36-3	Number 6.	Sex 10 M 2 F	-	is lest birthday) Yrs.	if Under 1 Yea Months Deys	if Under 24 Hrs.		8. Date of Bi (Month, D	rth ey, Year)	9. Birth Cou			
natural, or items 23a or 28a-1 show diesi Examiner must be notified at	7	10a. State	10b. County			ity, Town or Lo					, 1323	Wash	10d. inside City Limita		
or 28a-f be notifie	Directo	Mary and 10e. Street and Nu		Perry Point											
al', or items 23a or 28a-f show Examiner must be notified at	Funeral	11. Maritel Status	ried 2 Married	Armed F	2 TNo		21902 Was Decedent of If Yes, specify Cul	Hispenic On ban, Mexican	gin? (Span, Puerto	ecify Yes or N Ricen, etc.)	o- 14. Ra Bla	ce - Amer ack, White			
"natural",	eted by	3 Widowed	4 ☐ Divorced 15. Decedent's I cify only highest g	Year or E Education	Dates:	16a. Deced	1 ☐ Yes 2 ☐ No dent's Usual Occu- kind of work done	pation	t of work	ina		DIC			
and Mental Hygiena. Is marked other than "aumatic event, ms Me	Completed	7th Grade 17. Father's Name	ondery (0-12)	College ((1-4or 5+)	life. I	DO NOT use retin	ed)			110110				
	To Be	William C	Contee			M	ary S	tewart		Cecil 9 Birthplace (State or Foreign Country) 1929 Washington, D.C. 10d. Inside City Limits 1 Ves 2 No. 10d. Inside City Limits 1 Ves 2 No. 11d. Race - American Indian, Black, White, etc. Specify: Black 10b. Kind of Business/Industry None Inden Surneme) 10c. 20002 10c. Location - City or Town, State 10c. 20019					
		Mary E. M	1cDona1d	(Type, Print)	001	1826	C Street,			ington,	D.C. 200				
tant: If	20		☐ Cremation 3 5 ☐ Other (Spec	ify)	State	d. Vetera	lace of Disposition (Neme of smetery, cremetory or other place) Neterans Cemetery 22. Name and Address of Facility Date 20c. Location - City or Town, Smetery, Cremetory or other place) 12–26–96 Cheltenham, Maryline Company of Smeters of Facility								
any Ir		Rollins Funeral Home, 1 4339 Hunt Pl., N.E. Washington, D.C. 2001													
sician edical miner	ner	23a. Part 1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) e. Acute Myocardial Infarction Due to (or as a consequence of):										-	Interval Between Onset end Death		
noing physician and use es the buriel-transit	n/Medical Examiner	Cause (Dissess or Injury that initiated events resulting in death) Last Due to (or as a consequence of): d.													
ned by the ette	Physician	Part it. Other signif	Icant conditions	contributing to d	eath but not res	sulting In the ur	nderlying ceuse g	iven in Part I.		d tobacco use contribute to the cause of death?					
te has been signe age 2 should be c	by									24a. Wes	s an autopsy ormed?	fere autopsy findings			
	Completed									10	Yes 2 XNo	of	death?		
certifica firector, p	To Be	25. Wes cese reference examiner?		28. Place of Deeth (Check only one) Hospitel: 1 Marting Home 5 Residence 6 Other (Specify)											
or death.		27. Manner of Death 1 XNaturel 2 ☐ Accident	5 Pending Investigation	28a. Dete (Mon	of Injury th, Dey Year)								19/		
	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not l determined	4 288. Place	of Injury - At hing, etc. (Special	ome, farm, stre	eet, factory, office		(Street and Number or Rural Route Number, own, State)						
Funer Stely fill	edicai	29a. Certifier (Check only one)	1 Certifying Pi 2 Medicaf Exa	miner: On the b	best of my kno esis of examina ner stated.	owledge, deeth ation end/or Inv	occurred at the ti restigation, in my	ime, date and opinion, deat	d place, e	and due to the ed at the time,	cause(a) and m date and place,	enner es : and due t	stated. o the cause(s)		
To the	M	29b. Signature end	title of certifier		Of cleath (No.	m 23e) /Tuna	29c. Licen D309				29d. Date signe	ed (Month,			
Star Registra		ANGELO LI 31. Date filed (Mont	UCCO, M.I	D., VA N		d Healt	h Care S	Systems	s, P	erry Po	oint, ME	219	902		

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State of Maryland / Department of Health and Mental Hygiene

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						Cei	tificate of	Death		Reg. No.		.0,00		
			1. Decedent's Nama (First, Middle, Las	st)					2. Data of I	Death		3. Time of Death		
Į.	Physici		Virgil Wilson (CASHWELL					Month	mber 20,	Year 1996	4:50 p.m		
3	/Medi Examir		4a. Facility Name (If not institution, give					4b. City, Towr	n, or Location of De	ath 4c. County	of Death	4.20 12.111		
			Doctors Communic	tu Hasnita	P			Lanho	7 m	Phi	nco G	eorge's		
	Funeral		5. Social Sacurity Number 6. S	ex 7. Ag	a (In yrs. la	st birthdey)	If Under 1 Yea Months Days	r If Undar 24	Hrs. 8. Data of E Min. (Month, I			laca (State or Foreign		
	Director		577-10-6653	□ M 2□ F	7	7 Yrs.	Months Days	nours	4-23		Coun	NC NC		
	p ,		Usual Residence of Decedent		100 City	Tour or La	ti					0d. Inside City Limits		
	short short	5												
	the N	Director	MD Prince 10e. Straet and Number	Georges	Ne	w Car	rollto	n		10- 00	40-10-	1 Yes 2 No		
	with	ā		a b			10f. Zip Coda			10g. Citizen of What Country?				
	sath m 23	eral	8605 Fremont		Ever in II S	12.1	207		2 (Capaihi Van ar h	USA cify Yes or No- 14. Race - American Indian.				
_	ter d	Funeral	11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? 1 □ Naver Married 12. Was Decedent Ever in U,S. Armed Forces? 1 □ Naver Married 13. Was Decedent of Hispanic Origin? (S if Yes, specify Cuban, Maxican, Puart								ck, Whita,			
21215-0020	72 hours effer death with the Maryland natural', or flerns 23s or 28s-f show diest Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	1 Tyes 2 1 1 Yes, Give Yaar or Datas:	MATT		I□Yes 2⊋No	Specify:		Specify	wh	nite		
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215	c	Completed	(Specify only highest gra Eiementary/Secondary (0-12)	da completed) College (1-4or !	(43	(Give	kind of work doni OO NOT use retir	a during most o ed)	f working					
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Vala	should by nd Menta marked imatic sy	To	Leland Stanford	d Cashwe	11			Loul	a Barre	tt				
Maryland	0 0 0 0		19a. informant's Name/Relationship (7			19b. Mailir	g Address (Stree		or Rural Route Num		State, Zip	Code)		
	a a a		Marjorie Cash	well - w	ife	8605	Fremo	nt St.	New C	arrollt	on,	MD		
ore	9 to 1		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐	Ramoval from State	20b. Pia	ca of Dispo	sition (Name of natory or other pi	lece)	Date	20c. Location	City or To	wn, State		
Baltimore,	Pa Int:		4 Donation 5 Dothar (Specify		Mary	yland	Veter	ans Ce	m 12/26	/96 Che	lter	nham MD		
Sall	permit. Departminents Imports any inju		21. Signature of Funeral Service Light	800)		22	. Nama and Add	rass of Facility						
-	205#3		Scharl &	ent		, h	endon/	Hare F	uneral	Home	MD 3	20706		
	100		23a. Part 1. Entar the disease, or comp shock, or heart failura. List only	olications that caused one cause on each ii	the death.	Do not ent	er the mode of dy	ing, such as ca	ardiac or raspiratory	arrest,	110 - 2	Approximate interval Between		
	Physician						0 /	1 4 5		1.	Ť	Onsat and Death		
	/Medical Examiner		immediata Causa (Final disaasa or condition resulting in daath)	. Acut	1/	140	Coud	ial 1	nda	ctio	4/1	13days		
В		<u></u>	resolding in Gaatti)	A	Due to (or	as a conseq	uenca of):		2			13 days		
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	icata be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying		Due to (or	as a conseg	uenca of):		6		i	1		
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State of Maryland / Department of Health and Mental Hygiene

40734

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	/Medi				llis Du											4:30 AM	
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	Funeral		5. Sociel Security N		Sex 10XM 2□ F	7. Age	In yrs. last bir		If Unda Months	1 Yaar Deys		24 Hrs. Min.	8. Dete of Bir (Month, De	th y, Yeer)	9. Birthi	olece (Steta or Foreign	
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2	within 72 hours after death with the Marylan iene. then "natural", or items 23s or 28s-f show the Medical Example, must be notified.	Completed	(Spec	15. Decedent's Education (Specify only highest grade completed)					16e. Decedent's Usuel Occupetion (Give kind of work done during most of working) 16b. Kind of the control of t								
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	id 2 should b th and Menta 7 is marked traumatic e	1	19e. Informent's No				19b	. Meiline	Address	(Street				er, City or Town,	State Zir	Code)	
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	00		ROCKVIIIe, Maryland 20850-2805 23a. Part Enter the deeans, or complication that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate Intervet Between														
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UNISION OF VITAL RECORDS, for Attending Physician: The law requires to state death, this continues has been since the properties of the properties.	death ctor: A	Certification:	2 Accident investigation M 1 Yes 2 No 3 Suicide 6 Could not be														
	after deati Director: I in by the	E I	4 Homicide	determined	∠88. Place	e of injury ling, etc. (- At home, fei Specify)	m, stree	et, factory	, office			28f. Location (S City or Tov	Street and Numb m, Stete)	er or Rura	/ Route Number,	
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1	within 24 hours after death. To the Funeral Director: After completely filled in by the fune	Me	29b. Signeture end	title of certifier	F. A				290	. Licens	a number			29d. Date signed	(Month.	Day, Year)	
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DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Daath Month 1996 10:30 PM Dec 4e. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death Crofton Ac. County of Death ofton Cro tor Convalescent If Under 1 Yaar | If Under 24 Hrs 5. Sociel Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 8. Data of Birth (Month, Day, Days Months Hours 1 M 25KF 214 09 5367 Sept. 11, 1911 Maryland 10b County 10c. City, Town or Location 10d. Insida City Limits Maryland Anne Arundel Gambrills 1 ☐ Yes X No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1108 Red Fall Lane 21054 United States 11. Maritel Status 12. Was Dacedant Ever In U,S. Armed Forcas? Wes Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puarto Rican, etc.) 14. Rece - Amaricen Indian, Black, White, atc. 1 Navar Married 2 Married 1 ☐ Yas 2☐No If Yes, Giva Yaar or Detas: 8 No Specify ₩idowed 4 Divorced Specify: White 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Statistician 12 Department of Navy 17. Fathar's Name (First, Middla, Last) 18. Mothar's Name (First, Middle, Maidan Sumeme) Kipe Samuel Allen Deihl Ethel 19e. Informant's Name/Raletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Routa Number, City or Town, State, Zip Code) Daughter Delores Dola 441 Poplar Lane Annapolis Maryland 21403 20b. Pleca of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Locetion - City or Town, Stata 本語 Burlal 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Spacify) 12/23/96 Resurrection Cemetery Clinton Maryland 21. Signiffica of Funaral Service Licansaa 22 Name and Address of Facility Robert E. Evans Funeral Home, P.A. ans 16000 Annapolis Rd. Bowie Md. 20715 600 23a. Part1. Entar the disease, or complications that caused the death. Do not antar the mode of dying, such es cerdiec or respiratory errest, shock, or heart feilure. List only one ceuse on each line. Approximate Intarval Batween Onsat and Death Immediata Causa (Final disaesa or condition rasulting in death) Failure Sua to (or es e consequence of). Tenous Sequantially list conditions, if any, leeding to immadiata ceusa. Enter Undarlying Causa (Disaesa or injury thet initieted avants rasulting in daath) Last Due to (or as a consequence of): Dua to (or as e consequance of) Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Ware autopsy findings eveilable prior to completion of causa of daath? 24a. Was an autopsy performed? 1 Yas 2 HO 1 Yas 2 No 25. Was casa rafarred to medice axaminar? 26. Pleca of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify)

Physiclan /Medical Examiner

Physician

/Medical

Examiner

10a Stata

Funeral

Director

28a-f show

ò Items 23a

permit. Pages 1 and 2 should be filed within 72 hours effer c Department of Heelth and Mental Hygiene. Important: If Item 27 Is marked other than "natural", or Item any Injury or other traumatic event, the Medical Examenest page.

Baltimore, Maryland 21215-0020

must be notified at Director

by Funeral

Completed

Be

2

with the Maryland

death

funeral

Examiner attending physician Physician/Medical the þ Completed hes certificate Be 2 Certification: After

The law requires that the death certificate be executed signed by t or Attending Physician: this death.

Division of Vital Records, P.O. Box 68760, To the Hospital or Attendir within 24 hours efter death.
To the Funeral Director: Af completely filled in by the fu

Registrar

avanag 31. Data filed (Month, Day, Year)

1 Yes 2 No

27. Mannacof Daath

1 Neturel

2 ☐ Accident

3 Suicida

29a. Cartiflar (Check only one)

4 - Homicida

29b. Signetura and titla of certifial

lux lu

29c. Licensa number

1 Certifying Physician: To tha best of my knowledge, deeth occurred at the time, data and place, end dua to the causa(s) end manner as stated.
2 Medical Examiner: On the bests of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) end manner stated.

1 Yas

3□ DOA

29d. Data signed (Month, Dey, Year)

1 Inpatient

Deta of Injury (Month, Day Year)

2 ER/Outpatient

28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Spacify)

28b. Tima of

2 No

28f. Location (Street and Number or Rural Routa Number, City or Town, Steta)

28d. Dascribe how injury occurred

30 Nama and edginss of person who completed ceuse of deeth (Itam 23a) (Type, Print) Blad (volton 1655

Hospital:

Registrar's Signatures

DEC 26

5 Pending invastigation

6 Could not be datamined

Medical

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State of Maryland / Department of Health and Mental Hygiene 0 C

	Decedent's Name (First, Midd	le, Last)	_	Certificate o	Dealli	2. Date of Dea			3. Time of Death		
Physician					DECEMBE	Day	Year	2209 PM			
/Medical Examiner	4. 5. 22. 11		AVIS		4b. City, Town, or L				440 100		
Examino	SHADY GROVE				DOGGATT	TT			- For v		
Funeral	5. Social Security Number	0 Can 1 7 A	ge (In yrs. last bin	nday) If Under 1 Ye		8. Date of Birth	h	NTGOME 9. Birthpla	CRY Ce (State or Foreign		
Director	578-36-4182	1 M 2 4	74	Yrs. Months Day	Min.	APRIL	13, 1	9 2 2	Ce (State or Foreign VIRGINIA		
3	Usual Residence of Decedent 10a. State 10b. County		10c. City, Town	or Location				Tra	f. Inside City Limits		
ed at		/ A	- TO - ST 11 CO.		D. C	11.77					
be notified at Director	10e. Street and Number	/ A.	WASI	INGTON,			the Phone of	Minus Collector	NNes 2□No		
5 % 0	4026 9TH S	T. N.E. #1		200		10g. Citizen of What Country? UNITED STATES					
문무 호	11. Marital Status	12. Was Decedent	Ever in U.S.		37.1		Designation of Aleges and		7 (70) 70		
by by	3 X Windowed 4 □ Divorced	ried 1 Yes 2	37 37.65	If Yes, specify C	f Hispanic Origin? (Spuban, Mexican, Puerto to Specify: N	A A		Black, White, etc. Specify: BLACK			
reference regarder than "natural", safe event, the Medical Ex. To Be Completed by	15. Deceden	t's Education st grade completed)	. 16a.	Decedent's Usual Occ	upation	444	16b. Kind of B	usinesa/Indu	stry		
The start	Elementary/Secondary (0-12)	College (1-4or	5+)		ne during most of work (red)	ang	DDTVA	en re			
t the Co	12TH			HOUSE	KEEPER		PRIVA				
ever Be	17. Father's Name (First, Middle, FREDRICK	LEE			18. Mother's Nam		Malden Surnan	ne)			
To To			4.4		32,555,134,6,146,146	ADAMS			Ctade Sin County)		
other traus	JACQUELINE	JACQUELINE JONES/REPRES. 1995 Mailing Address (Signet and Number or Flural Floute Number. City or Town, St. 5016 37TH PLACE, HYATTSVILLE,									
	20a. Method of Disposition 1 X Yurisi 2 □ Cremation 4 □ Donation 5 □ Other (S			Disposition (Name of Command of Other of NY MEMOR	TAL CEM.	JAN.	20c. Location 4, 199		n, State VDOVER , MI		
Important: If any injury or once.	21. Signature of Therat September 21.	m Hu	alex	22. Name and Add	FUNERAL.	HOME					
	/ '	EDWARD M.	DOBLEY	3200 R	.I. AVE.	, MT.	RAINIE	R, MA	RYLAND		
	23a. Part1. Enter the disease, or shock, or heart failure. List	only one cause on each I	d the death. Do n ine.	ot enter the mode of d	ying, such as cardiac	or respiratory an	wst,	le le	pproximate nterval Between		
sician edical	Immediate Cause (Final	-							Onset and Death		
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ial-transit Examiner	Managed Market State and Albert	C b 1	NEUMON	THE STATE OF THE S				-			
	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or as a consequence of): CHRONIC OBSTRUCTIVE LUN					- 1			
s the tru	that initiated events	0	Due to (or as a consequence of):					-			
	resulting in death) Last							- 1			
for use		d									
2 9 90	Part II. Other significant condition	ns contributing to death b	ut not resulting in	the underlying cause	given in Part I.	23b. Did to	obacco use co	ntribute to th	he cause of death?		
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should should leted	DIAGE	TES ME	LLITUS			24a. Was a perfor	n autopsy med?	availe	autopsy findings able prior to pletion of cause		
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he tunen sation:	1 Natural 5 ☐ Pendin 2 ☐ Accident inwestig	pation	ry Year) 28b. Ti		ury at ork? Yes 2 No	28d. Describe h	ow injury occur	reid			
ed in by the tuner Certification:	3 ☐ Suicide ☐ ☐ Could r 4 ☐ Homicide determ								Route Number,		
completely filled in by the tuneral Medical Certification:	29a. Certifier S Certifyin (Check only one) 2 Medical I	g Physician: To the best Examiner: On the basis or and manner sh	f examination and	death occurred at the for investigation, in my	time, date and place, opinion, death occurr	and due to the c ed at the time, d	euse(s) and mu ate and place,	inner as state and due to th	ed. ve cause(s)		
Me Me	29b. Signature and title of certifier	u see	ar (Cit)	29c. Lice	nse number	2	9d. Date signe	d (Month, Da	y, Ynar)		
	1 T. J. A	50300				1994					
/	30. Name and address of person		leath (Item 23a) [177.0	A PROPERTY OF THE PARTY OF THE	2. 11007.07	110		
		M MD III	19 ROCKU	ILLE PIKE	#316 , 6	DEKVILL	E MD	308	52		
State	31. Date filed (Month, Day, Year) ULU 3 0 1996	All the second second second	ar's Signature								
Registrar		julia d'avector									

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State of Maryland / Department of Health and Mental Hygiene

40737 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** DOMENICO ICHAEL /Medical 4b. City, Town, or Location of Death 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner GATTE or If Under 24 Hrs. Min. ENE MONTGOMERY R5BURG if Under 1 Year 8. Dete of Birth (Month, Dey, Aug 15, 5. Sociel Security Number 9. Birthplece (State or Foreign Country) New York 7. Age (In yrs. lest birthdey) **Funeral** 1 ₩ 2 □ F Deys Yrs. Director 078-60-0510 33 New Usual Residence of Decedent the Manyland 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Maryland Montgomery Gaithersburg 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 6 Items 23a 817 Quince Orchard Blvd., #13 20878 United States Pages 1 and 2 should be filed within 72 hours after death 1 nant of Health and Merital Hygiene. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American indlen, Bieck, White, etc. 1 ☐ Never Merried 2 ☑ Merried 1 ☐ Yes 2 ☒ No If Yes, Give Baltimore, Maryland 21215-0020 ŏ þ Specify: 3 ☐ Widowed 4 ☐ Divorced "natural", White Completed 18e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Program Manager Computers 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be h and Mental I DiDomenico Angela Biasi 2 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Health a Important: If Nem 27 is any injury or other tra QDSs. 817 Quince Orchard Blvd., #13 Gaithersburg, MD 20878 Susan E. DiDomenico, Wife 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 1 Buriei 2 □ Cremetion 3 ☐Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) 12/21/96 Woodlawn Cemetery Syracuse, New York 22. Name end Address of Fecility DeVol Funeral Home 10 East Deer Park Dr., Gaithersburg, MD 20877 , or complications/het caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. **Physician** /Medical tmmediete Cause (Final 5 MIN diseese or condition resulting in deeth) Examiner HANGING or Attending Physician: The law requires that the death certificate be executed Sequentially ilst conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, attending physician for use as the buria Physician/Medical Due to (or es e consequence of): Pert it. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24e. Wes en eutopsy performed? 24b. Were autopsy findings evailable prior to completion of cause of death? certificate 25. Wes case referred to medical Be 28. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 8 Other (Specify) PARK Certification: To 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA After this 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 1 Natural 5 Pending 1 Yes death. investigation 2-16-96 2 Accident HANIGINIG after death Director: filled in by the Suicide 6 Could not be 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide SENECA CREEKSTATE PARK To the Hospital within 24 hours a To the Funeral C FOUND WOODS IN 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, and due to the cause(s) and manner es stated.

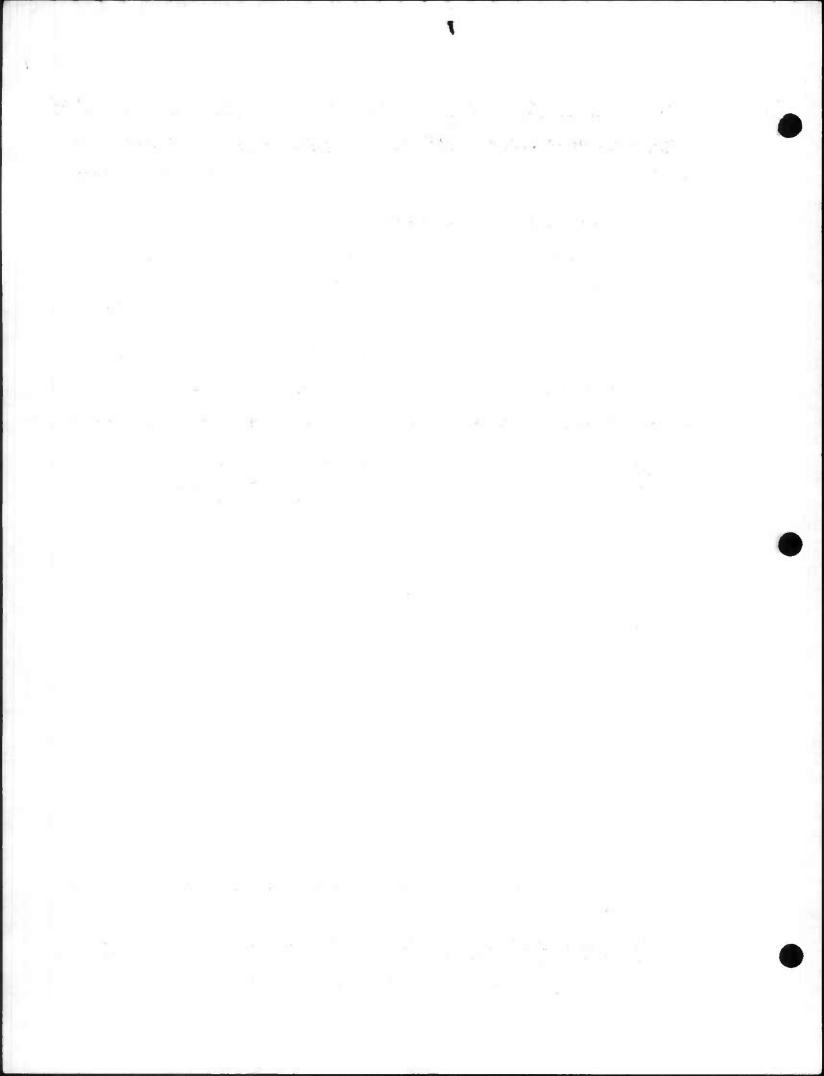
2 Medicat Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and piece, and due to the cause(s) end menner stated. 29e. Certifier Medical 29b. Signeture end title of certifler 29c. License number 29d. Dete signed (Month, Day, Year) use of death (Item 23a) (Type, Pytht)) 30. Neme and eddress of person who compl 5 VOTOMAC, M. 20854 107/7-STAN 31. Dete filed (Month, Dey, Year) 32 Registrer's Signeture State

DHMH 16 Rev 6/95

Registrar

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Lia Davidson

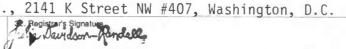


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40738 Amend #10c, 12/26/96, JW, Montgomery Cty. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death December 23, 1996 **Physician** John Van Nostrand Dorr, II 3:25 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 9707 Old Georgetown Road #2514 Bethesda Montgomery 5. Social Security Number If Under 1 Year If Under 24 Hrs. 6. Sex 8. Date of Birth (Month, Day, May 16, Birthpiace (State or Foreign Country)
 New York 7. Age (In yrs. last birthday) **Funeral)**(∑M 2□ F Months Days Hours Min Yrs. 450-16-8712 Director 86 Usual Residence of Dacaden the Maryland 10a State 10b. County 10c. City. Town or Location na 23a or 28a-f show 10d. inside City Limits 1 ☐ Yes 2 No Directo 9707 Old Georgetown Road Maryland Montgomery #2514 Bethesda 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 9707 Old Georgetown Road #2514 20814 United States Funeral Hema! 12. Was Decedent Ever in U,S Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritai Status the Medical Examiner efter 1 Never Married 2 Married ŏ Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify 3 ☐ Widowed 4 ☐ Divorced 'netural', white Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry United States Hygiene. Elementary/Secondary (0-12) Coilaga (1-4or 5+) 5+ geologist Geological Survey other t 17. Father's Nama (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health end Mental Hy Important: If Item 27 Is marked oth any Injury or other traumatic event ables. 18. Mother's Name (First, Middle, Maiden Surname) Goldthwaite Higginson Dorr Virginia Elbert 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Streat and Numbar or Rural Route Number, City or Town, State, Zip Coda) Ann Pierce Dorr 9707 Old Georgetown Road #2514, Bethesda, Maryland 20814 20a. Mathod of Disposition 20b. Piaca of Disposition (Nama of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Chesapeake Crematory 12-24-96 Beltsville, Maryland 21. Signature of Funeral Servica Licensee 22. Name and Address of Facility
Rapp Funeral Services, P.A. 23a. Part1. Enter the disease, or compilcations that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approx. 20910 Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final Pharyngeal Cancer disease or condition resulting in death) 6 months Examiner Due to (or as a consequance of): Examiner Congestive Heart Failure The law requires that the death certificate be executed physician and the burief-transit Sequantially list conditions, if any, leading to Immediata cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Dua to (or as a consequenca of): Box 68760. Cardiac arrhythmia Physician/Medical Due to (or as a consequenca of): US9 98 ō P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? à be detec 1 ☐ Yes 2 ☐ No 3 Probably 4 X Unknown Records. ģ page 2 should 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 20 No certificate Vital Physiclan: director Be 25. Was casa referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpalient 3 ☐ DOA Othar: 4 ☐ Nursing Home 5 🛱 Residenca 6 ☐ Other (Specify) 2 1 Yes 2 No of this the funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? After Division Attending 1 X Naturai 5 Pending investigation Injury death. 1 ☐ Yes 2 ☐ No 2 Accident efter death 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homleida 6 To the Hospital within 24 hours e 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifier Medical completely (Check only one) 29b. Samuture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) DC12331 December 24, 1996 In

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Jack D. Summers, M.D., 31. Date filed (Month, Day, Year) DEC 2 6 1996



50. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

State

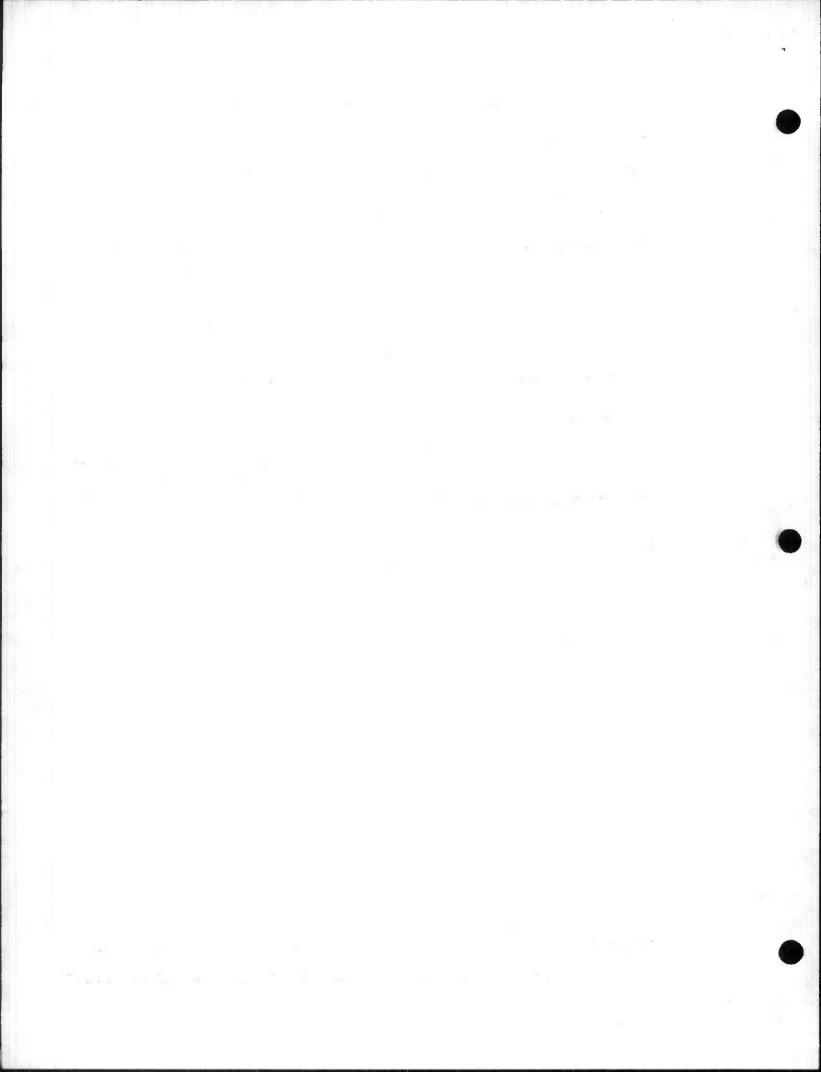
Registrar

State of Maryland / Department of Health and Mental Hygiene Q 5

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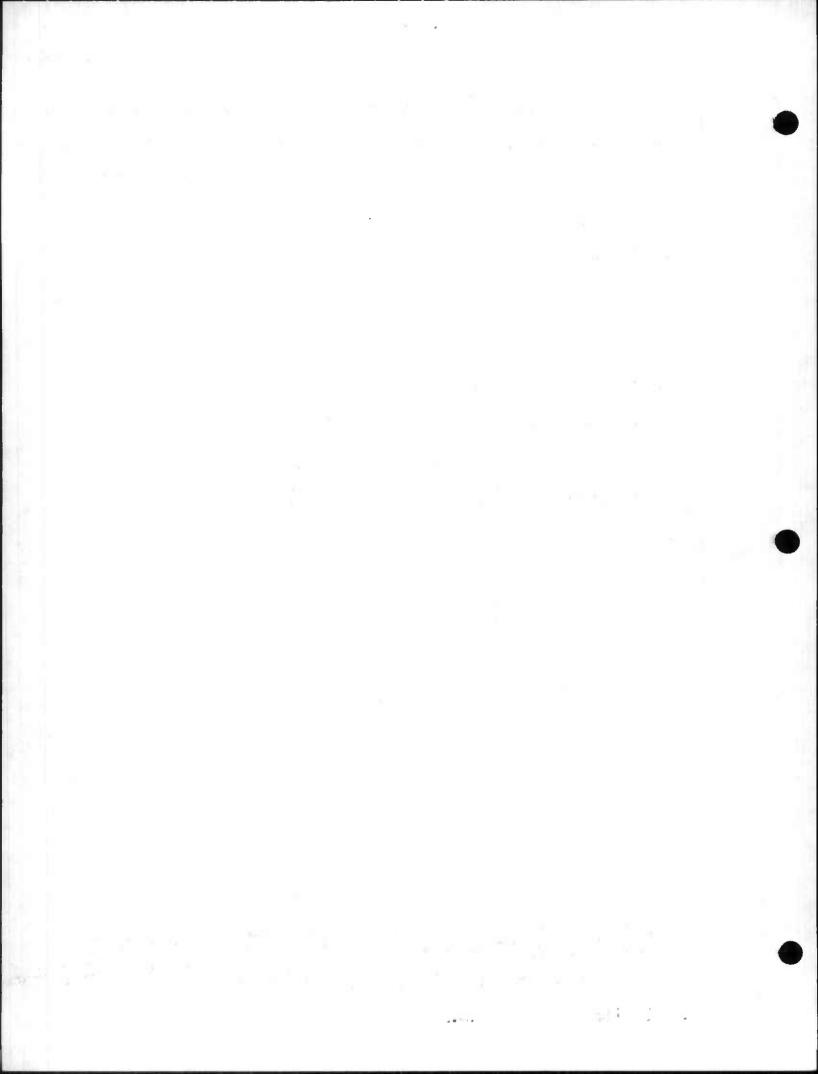
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	ehow		Usual Residence of 10a. State	10b. County		10c. Ci	ty, Town or Lo	ocation				10d.	Inside City Limits		
	the Man 28e-f eh	Director	Maryland	Mantgar	rery	Sil	ver Spri	ng					1□Yes 2√XNo		
	ter death with thems 23s or their must be		10e. Street and Nu 15305 P		nard Road			10f. Zip Code 2090	05		10g. Citizen of What Country? United States				
020			11. Marital Status 1 Never Married 12. Was Decedent Ever in U,S. Armed Forces? 1 Never Married 3 Widowed 4 Divorced 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:			ben, Mexican, Pue	Specify Yes or No rto Rican, etc.)		Rece - American Indien, Black, White, etc. White						
21215-0020	within and the Mer	Be Completed	(Spe	15. Decedent's Education (Specify only highest grade completed) ntary/Secondary (0-12) College (1-4)			(Give	dent's Usual Occu kind of work done DO NOT use retin	during most of ward)	orking	16b. Kind ot B		try		
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Baltimore,	permit. Pages 1 and 2 Depertment of Heelth of Important: If item 27 to eny Injury or other tra pnce.		20a. Method of Dis XXBuriai 2 4 ☐ Donation	□ Cremetion	3 □Removal from Specify)	State	emetery, crer	esttion (Name of metory or other pla emorial Ga		Date /20/1996	20c. Location	City or Town,			
Balt	permit. Depentingorum		21. Signature of F	uneral Servica	Licensee Boo	South	1 1 4	Name and Addr Onald V. F 400 Powder	ess of Facility Orgwardt F Mill Road	uneral Hom Beltsvill	e, P.A.	•			
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	Examiner	ner	disease or condition resulting in death)	M1	b. UPL		PROLA		414405	ING PL	(1) 10130				
ox 68760,	eath certificate be executed attending physician and for use as the buriel-transit	VMedical Examiner	Sequentially list or if any, leading to ir cause. Enter Und Cause (Disease or that initiated event resulting in deeth)	5	c	Due to (c	r as a conseq	uence of):							
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5	0		39. Name and addr	MAD !	who completed cause	m 111	Penn	Street	, Balt	imore,	Maryla	nd 212	201		
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene 96 40741

					Certifica	te of	Death		Reg. No.		70171	
Physi	nian	1. Decedent's Neme (First, Middle, La	-					2. Dete of De Month	eth Dev	Yeer	3. Time of Death	
/Med		LES	TER F		DUVAL	14	SR.	DECE	mora 25	1996	13-421	
Exam	iner	4e. Fecility Neme (If not institution, give			,	1	4b. City, Town, or	Location of Deet	h 4c. Count	y of Deeth		
			MANYAND	_ 1/2	DEFITAL			NTON	P	YNCE-		
Funera		5. Sociel Security Number 6. S	MM 2□F	n yrs. lest bi	Yrs. It Under	Deys	If Under 24 Hrs Hours Min	. (Month, De		9. Birthpl Count	lece (Stete or Foreign try)	
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land		10a. Stete 10b. County	10	c. City, Tow	m or Location					10	Od. Inside City Limits	
Man	ţō	Maryland Charl	es	Whit	te Plain	S					1 ☐ Yes 2 No	
or 28	Director	10e. Street end Number	*******		p Code			10g. Citizen of	Whet Count	lry?		
th will		8685 Norman Drive 2069.							U.S.A.			
dea	Funerai	11. Maritel Status	12. Wes Decedent Ever Armed Forces?	r in U,S.	13. Was Dece	edent of F	dispenic Origin? (S en, Mexican, Puer	Specify Yes or No	14. Rec	ca - America	an Indien,	
Naryland 21215-0020 2 should be filed within 72 hours after death with the Manjand end Mentel Hygiene. Is marked other than "naturel", or items 23s or 28s-f show sumatic event, the Medical Exacting train be notified at		1 Never Married 2 Merried	1 ☐ Yes 2 ☑ No If Yes, Give	,	1 ☐ Yes			to thourt, otc.,		y: Whit		
21215-0020 d within 72 hours at piene. r than "naturel", or	d by	3 ☑ Widowed 4 ☐ Divorced	Yeer or Dates:						Specii	y,		
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1/19/	1	30 Name end address of person who	completed cause of deeth	(Item 23a) ((Type, P/Int)		0.	Λ	0. 1	1	1 0	
0		John C. Patter	son, MD.	,75	01 Sur	ter	s Kd#	2014	Clint	on, 11	19.7073	
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	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPAR	RTMENT OF	HEALTH A	AND M	IENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) CHAGO DAUGH So. 4. SOCIAL SECURITY NUMBER 5. SI						2. DATE OF DEATH MONTH DA	NY.	YEAR	3. TIME OF DEATH
	N 255	6. AGE (In yrs.)	last birthday) YRS.	IF UNDER 1 YEAR		MIN.	7. DATE OF BIRTH (Month, Day, Year) 02/02/1908		8. BIRTHI Country	PLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									ATH
RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION							T	10d. INSIDE CITY		
	MARYLAND SOMERSE 104. STREET AND NUMBER	1	_ PF	RINCESS	10f. ZIP CODE			10g. CITIZ	EN OF WI	1 YES 2 NO
100. STREET AND NUMBER 26415 PRINCESS ANNE 11. MARITAL STATUS 1 Never Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECEMBENT OF HISPANIC OF IT YES, specify Cuben, Mexican, Process.						ORIGIN? (Specify Yes		U.S.	American Indian, White, etc.	
D BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:									
COMPLETED	(Specify only highest grade comple	eted) lege (1-4 or 5+)	(Give kind of ville. Do NOT us	work done during se retired.)	most of working		16b. KIND OF BUS		JSTRY	
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								ND 04050		
	HILDA JONES 26413 CALIFORNIA INN ROAD, PRINCESS ANNE, MD, 2185 20a, METNOD OF DISPOSITION 3 Removel from State 20b, PLACE AND ATE OF DISPOSITION (Name of cametery, crematory or other place) ASPURY U.M., Cemetery 12/28 MT, VERNON, MD, 12/28 MT, 12/28 M									n, State
	21. SIGNATORE OF FUNERAL SERVICE LICENSEE	TASUUT		22. NAME	AND AGORESS	OF FACIL				
	23. PART i. Enter the diseases, or compli shock, or haert fallure. List or	MOO29	leeth Do n	ot enter the r	node of dylng	g, such :	ss cardiac or respir	ratory srre	st,	Approximats
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	rterio g de	retu	0			esse			interval Between Onset and Death
RTIFICATION	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):	uts cl	ler	sus			syr
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? AMALABLE PRIOR TO AMALABLE PRIOR TO							MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIA		SPITAL: inpetient 2 - ER/Outpetient	3 🗆 DOA	OTHER:	PLACE OF DEA		only one)			
ВУ РНУ	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME	OF 28c. II	IJURY AT /ORK?	2	8d. DESCRIBE NOW IN	JURY OCCU	RED	
	2 Accident Sirvestigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete)								ute Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: TO 11	o the best of my knowledge, d	leath occurre	d at the time, da	te and place, ar	nd due to	the cause(a) and mann	er se stated	l. cause(a) a	and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED SURPLY 30. NAME AND ADDRESS OF PERSON WHO COMP	Elles h	(D.		29c. LICENS	SE NUMBE	05			Honth, Day, Year)
	GREGORIO M. BE	LLOSO M. I			raber	ry &	Dr., Sal	ibu	ey,	MD 21801
	DEC 2 7 1996 Julia da	THE SAME OF THE SAME OF THE SAME				,				

State of Maryland / Department of Health and Mental Hygiene

40743 Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Dete of Death **Physician** Month 45 EDWIN NORMAN EPSTEIN 12 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SUBURBAN HOSPITAL **BETHESDA** MONTGOMERY 5. Sociel Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) APRIL 1,1915 Birthplace (State or Foreign Country)
 NEW YORK 7. Age (In yrs. last birthday) **Funeral** ₩ 20 F Døys Hours 098-10-0880 Yrs. 81 Director Usual Residence of Decedent 10a, Slate 10b. County 10c. City, Town or Location 10d. Inside City Limits 25a-f show must be notified at 1 ☐ Yes 2 ☐ No Director MARYLAND MONTGOMERY ROCKVILLE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? b 10500 ROCKVILLE PIKE 20852 Berns 23a UNITED STATES Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Bleck, White, etc. 11. Maritel Status 1 Naver Married 2 Merried 1 Syes 2 □ No If Yes, Give Yeer or Dates: WW II Baltimore, Maryland 21215-0020 "natural", or 1 Yes 2 No Specify: Specify þ 3 Widowed 4 Divorced WHITE Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4or 5+) ATTORNEY LAW enould be the Important. If tem 27 is marked any injury or other 17. Fether's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumame) Be MAX EPSTEIN ESTELLE GERSTEL 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rurel Route Number, City or Town, State, Zip Code) ELSIE (WEISS) EPSTEIN (WIFE) 10500 ROCKVILLE PIKE #1624-ROCKVILLE, MARYLAND 20852 20a. Method of Disposition 20b. Placa of Disposition (Name of camatary, crematory or other placa) 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) RIVERSIDE CEMETERY 12/18/96SADDLE BROOK, NEW JERSEY 21. Signature of Fungral Service License 22. Name and Address of Facility DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE-ROCKVILLE, MARYLAND 20852 M00956 23a, Pert1. Inter the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only ona cause on each line. Approximate Interval Betw Physician /Medical Immediata Cause (Final disease or condition resulting In death) Examiner Examiner physician and s the burial-transit that the death certificate be executed Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in deeth) Last P.O. Box 68760, injection Physician/Medical des treas semdrone Respiralores Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 3 rmay artey disease 1 Yes 2 No 3 Probably 4 Unknown signed b Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performad? peed 1 Yes 2 No certificate 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, Be 25. Was casa referred to madical 26. Placa of Death (Check only one) Hospital: 10 1 Yes ≥ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 MInpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death edicai Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Natural 5 Pending investigation 1 Tyes 2 No 2 Accident 3 Suicide 6 Could not be detarmined Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, atc. (Specify) 4 Homicide 29a. Certifiar Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the causa(s) and mannar as stated.

2 Madical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated. 29b. Signeture end little of cupillius 29c. License number 29d. Date signed (Month, Day, Year) Joseph 30. Nama and addrass of person who completed cause of death (Item 23a) (Type, Print) DOUGLAS R. ROSING - 6410 ROCKLEDGE DRIVE #200 - BETHESDA, MARYLAND 20817 31. Date filad (Month, Dey, Year) 32. Registrar's Signature State DEC 2 4 1996 which Davidson

DHMH 16 Rav 6/95

Registrar

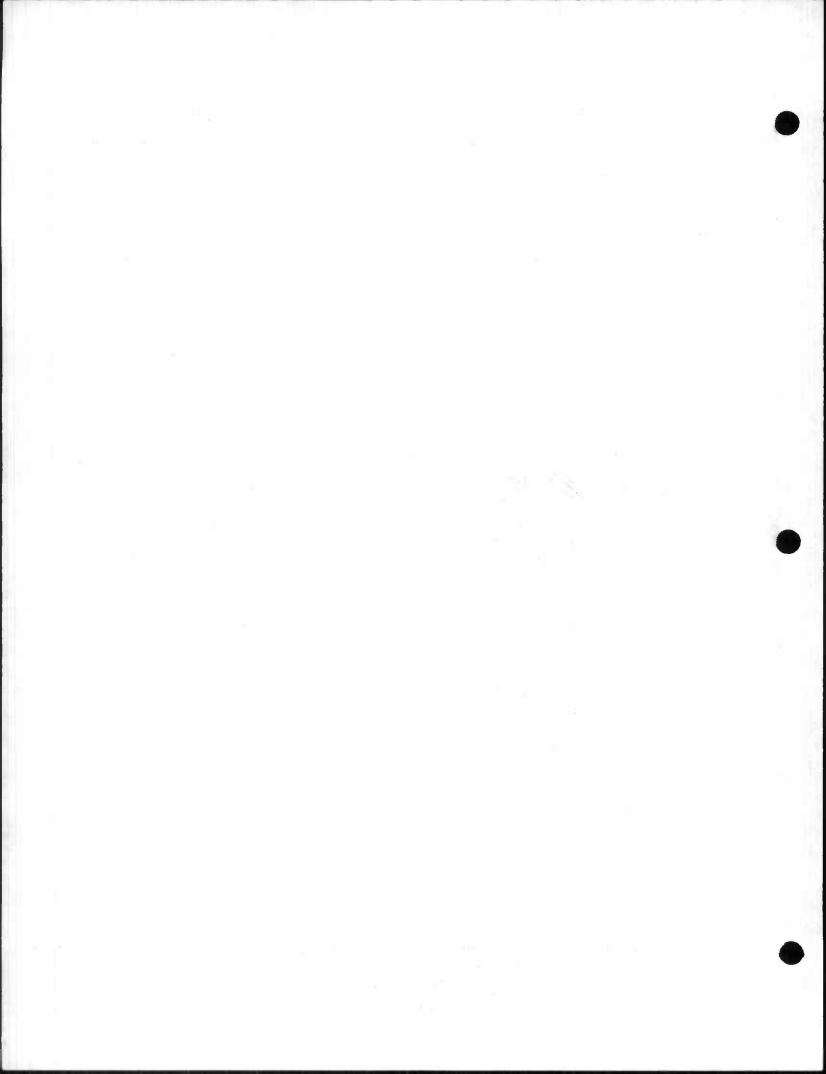
State of Maryland / Department of Health and Mental Hygiene

10744 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Mattie Edna Fleet December 22, 1996 7:35 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Montgomery General Hospital 01nev Montgomery 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 6 Sex **Funeral** 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) 1□M 2⊠F Months Deys Hours Yrs. Director 238-24-5435 May 24, 1917 South Carolina Usuel Residence of Decedent with the Manyland 10e State 10b. County r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10c. City, Town or Location 10d. Inside City Limits Director 1 X Yes 2 □ No Maryland Baltimore Baltimore 10e, Street end Number 10f. Zip Code 10g. Citizen of What Country? 3125 Cambridge Drive death Funeral 21244 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐XNo If Yes, Give Yeer or Detes: 11. Meritel Status 13. Wes Decedent of Hispenic Origin? (Specify Yes or No It Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours aftar Hygiena. Other than "natural", or ite 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: by Specify: 3 Widowed 4 □ Divorced **Black** Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Cook Restaurant 17. Fether's Neme (First, Middle, Last) permit. Pagas 1 and 2 should be life Department of Health, and Mental Hy Important: if Item 27 is marked othe any linjury or other traumatic event 2008. 18. Mother's Neme (First, Middle, Melden Sumeme) Be Charlie Turner Lottie Barber 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Shirley Harrison 100 Moss Place, Neptune, New Jersey 07753 20e. Method of Disposition 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel trom Stete Chesapeake Crematory 4 ☐ Donetion 5 ☐ Other (Specify) 12/29/96 Beltsville, Maryland 21. Signature of Emeral Service Land 22. Neme end Address of Fecility McGuire Funeral Service, Inc. 7400 Georgia Ave. N.W., Washington, D.C. 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart teilure. List only one cause on each line. Approximate Intervel Between Onset and Deeth **Physician** /Medicai Immediete Ceuse (Finel Respiratory diseese or condition resulting In deeth) **Examiner** Due to (or es e consequence ot) Examiner Stroke requires that the death certificate be axecuted Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury attending physician and for use as the bunal-tran Due to (or es e consequenca ot): Box 68760, Due to (or es e consequence of) Heart Physician/Medical that Initieted events resulting in deeth) Lest Renal Failure P.O. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 Munknown Hypertension Records, by 24b. Were eutopsy tindings eveileble prior to Completed 24a. Wes en eutopsy VAscular disease completion of cause of deeth? Tha law cartificata 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital or Attanding Physician: Be 25. Wes case referred to medical exeminer? 28. Pleca of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Yes 2 No 1 I Inpatient 2 □ ER/Outpatient 3 □ DOA Certification: To this the funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Aftar t Division 5 Pending Investigation 1 Neturel To the Hospital or Attandir within 24 hours after death. To the Funeral Director: Al 1 Yes 2 No 2 Accident 6 Could not be 3 ☐ Sulcide 28e. Plece of trijury - At home, term, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 1K Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and pleca, and due to the ceuse(s) end menner stated. Medical completely (Check only one) 29b. Signeture end title of certifier-29c. License number 29d. Dete signed (Month, Day, Year) MD December 22, 1946 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) James Reilly, M.D., 3418 Olandwood Court, Olney, Maryland Hingister's Signeture

Davidon—Handoll 31. Dete tiled (Month, Day, Year) State DEC 2 7 1996 Registrar

DHMH 16 Rev 6/95



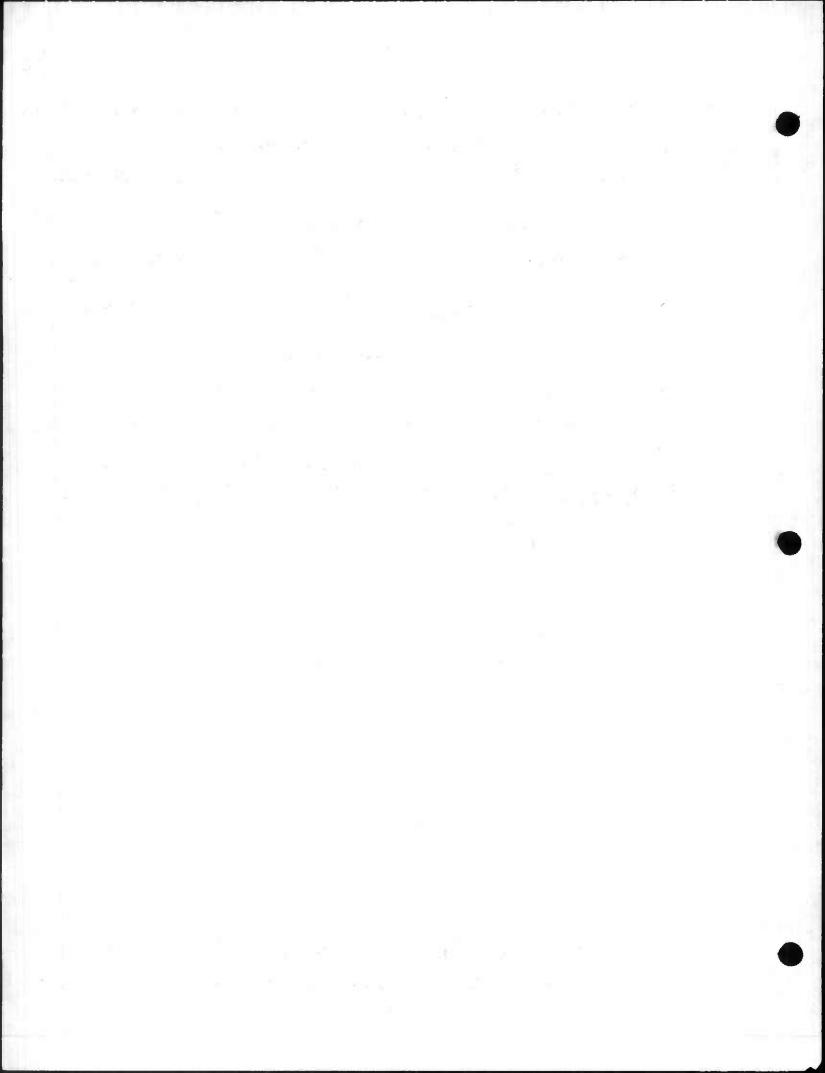
State of Maryland / Department of Health and Mental Hygiene

40745 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Year NEWMAN AUDREY NOV 1996 6:37 AM 21 /Medicai 4e. Fecliity Name (If not Institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Death Examiner BAITIMERE CITY
If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth
Months | Days | Hours | Min. | (Month, Dey. THE JOHAS HOPKINS HOSPITAL 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 KF Yrs. 109-18-6557 Usual Residence of Decedent Director NEW YORK 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director MARCIAND SILVER MOSTGOMERY 10e. Street and Number 10g. Citizen of Whet Country? ò 20901 STATE items 23a UHITED ENCORE PRIVE Funeral 12. Was Decedent Ever In U,S. Armed Forces?

1 Yes 2 No If Yes, Give Year or Dates: W 1 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11. Marital Status 1 Never Married 2 Merrled Baltimore, Maryland 21215-0020 "naturel", or 1 ☐ Yes 2 No Specify. Specify: WHITE ģ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 Ia marked other than Inny Inlury or other traumatic event, the Ma Elementery/Secondary (0-12) Coilege (1-4or 5+) HOMEMAKER OWN HOME 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be NEWMAH SAHUEL GUSSIE WEISENFELD 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) SILVER SPRING MD 20901
Date | 20c. Location - City or Town, State LEE 5/DMAH (SOH 11459 EHCORE DR 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 1 Burlal 2 Cremetion 3 Remove from State 11/24/96 PINELAWN II, NY WELLWOOD CEMETERS 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Pulleral Service Licensee 22. Name and Address of Facility
FVES - PEARSON FUNERAL HOMES Wilson BlvD, ARINGTON, VA 22201 or the disease, or complications that caused the heart failure. List only one cause on each line. death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset end Death Physician /Medical Immediate Cause (Final 3 WEEKS diseese or condition resulting in deeth) CEREBROVASCULAR ACCIOENT Examiner Due to (or as a consequence of): Physician/Medical Examiner 4 WEEKS MYOCARDIAL INFARCTION siclan and burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) P.O. Box 68760, - OROMARY AKTERY DISTASE YEARS the Due to (or es e consequence of) SIE. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown DIABETES MEllITUS director, page 2 should be de-Records, p 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1□ Yes 2□No 1 ☐ Yes 2 No certificate of Vital or Attending Physician: Be 25. Was case referred to medical 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this filled in by the funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Division 5 Pending investigation 1 ☐ Yes 2 ☐ No To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A 2 Accident 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyeiclan: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier completely (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) & TRounter D090701 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 15 BERY J. ROSENSTEIN
31. Date filed (Month, Day, Year) 32 JOHAS HOPKIAS HOSPITAL BAITIMORE, MD. 21807 32 Registrer's Signature State DEC 2 3 1996 Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40746 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Hugh Fanning Vincent 20 1996 4:00 a.m. /Medical December 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Stella Maris Nursing Home Towson If Undar 24 Hrs. Baltimore If Undar 1 Yaar 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) 6. Sax 8. Data of Birth (Month, Day, Year) **Funeral** Min. 10XM 20 F Months Days Hours Director 80 578-60-6254 April 4,1916 Ireland Usual Rasidanca of Decedant 10b. County 10c. City. Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f short the Medical Examiner must be notified at 1 Yas 2 No Director Maryland Baltimore Towson 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2300 Dulaney Valley Road

Maritai Status

12. Was Decedent Evar in U.S. Armed Forces? Funeral 21204 Ireland Was Decedant of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian, Black, Whita, atc. 11. Maritai Status 1 ☐ Yas 2 No 1X Nevar Married 2 ☐ Married 1 ☐ Yas 2 ② No Specify: Specify: 2 3 Widowad 4 Divorced Yaar or Datas White Completed 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8 Farming Farmer 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be 2 Mary Maher Daniel Joseph Fanning 19a. Informant's Name/Relationship (Type, Print) permit. Peges 1 and 2 sh Department of Health end Important: if item 27 is m may injury or other traum 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 3021 Katewood Court Baltimore, Maryland 21209 Mary Fanning 20b. Place of Disposition (Nama of 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval Irom Stata 4 ☐ Donation 5 ☐ Othar (Specify) Gate of Heaven Cemetery 12/23/96Silver Spring, Maryland 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd., W., Silver Spring, MD 20901 Las 23a Part1. Enter the disea shock, or heart failure man of complications that caused tha daath. Do not entar tha mode of dying, such as cardiac or respiratory arrest, and only one cause on each line. Approximata Interval Between Onsat and Death **Physician** /Medical Immediata Cause (Final disaasa or condition rasulting in daath) a Renal Failure Examiner Dua to (or as a consequence of): Hypertension Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Causa (Disease or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of) Physician/Medical Dua to (or as a consequanca ot) Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 📉 Unknown þ 24b. Ware autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy parformed? Completed 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa retarred to medical Be 26. Place of Death (Check only one) Hospital: Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) Lo 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death Certification: 28a. Data of Injury (Month, Day Year) 28b. Tima ot 28d. Dascribe how injury occurred 28c. Injury at Work? 1 MNatural 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicida 6 Could not be datamined 28a. Placa of Injury - At homa, larm, straat, lactory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 - Homicide

1 Certifying Physician: To the best of my knowledge, daath occurred at the tima, date and place, and due to the cause(s) and mannar as stated.

Under the cause(s) and mannar as stated.

Display the cause(s) and due to the cause(s) and place, and due to the cause(s) and place, and due to the cause(s) and place, and due to the cause(s) and place and place, and due to the cause(s) and place and p

29c. License-number

29d. Data signed (Month, Day, Year)

21204

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physician and s the burial-transit certificate be executed Box 68760. 80 USB for u P.O. I act. signed by t Records, peed has page 2 certificate Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the luneral director,

with the Maryland

72 hours after

Hygiene.

2 should be fined and Mental H

other

Baltimore, Maryland 21215-0020

show

30. Name and addrass of parson who completed causa of daath (Itam 23a) (Type, Print) State

Medical

29a, Certifier (Check only

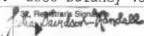
29b. Signature an

2300 Dulaney Valley Road, Towson, MD Eddie Nakhuda, M.D. 31. Data tiled (Month, Day, Year)

Tehe de

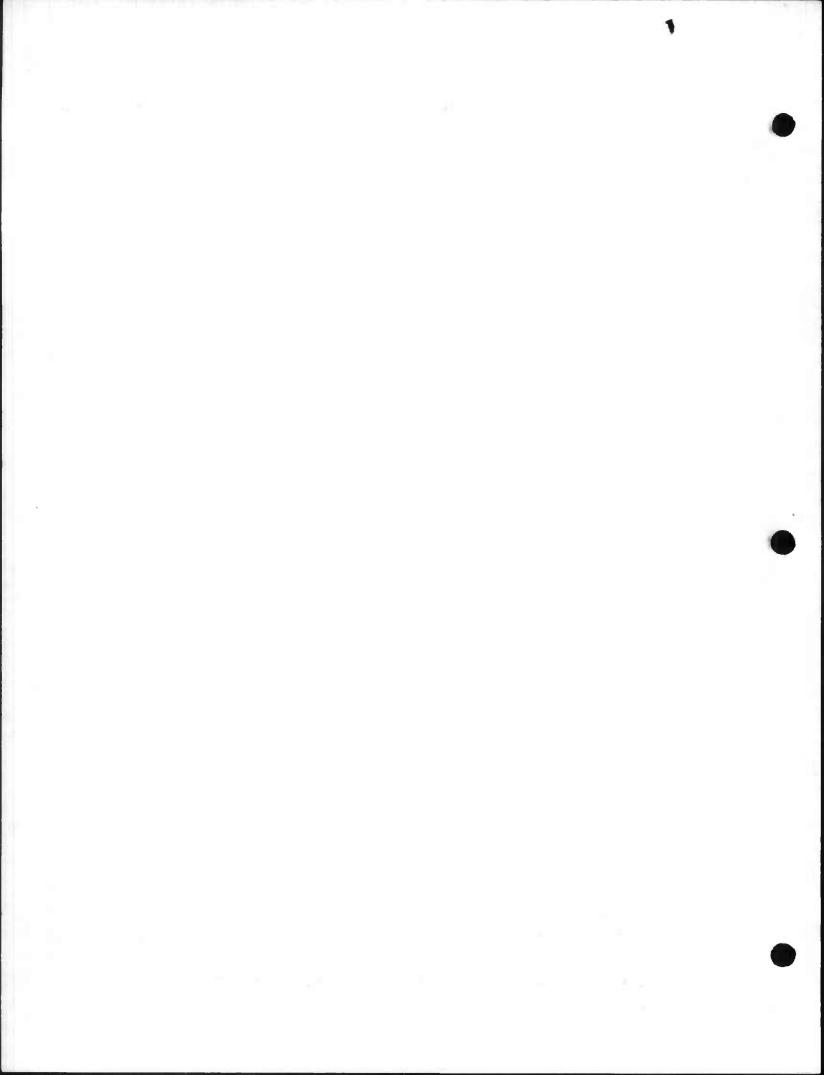
fitte of certifiar

DEC 2 6 1996



and mannar stated.

Registrar



State Registrar

31. Date filed (Month, Dey, Yeer) JAN 0 2 1997

111 Penn Street, Baltimore, Maryland 21201 Dennis Chute M.D. 32. Registrar's Signature

wigeno

30. Nama and address of person who completed causa of death (item 23a) (Type, Print)

O.C.M.E.

DECEMBER 23, 1996

State of Maryland / Department of Health and Mental Hygiene

40748 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Maria Franssen 22 1996 5:40 PM December /Medical 4e. Fecility Name (If not institution, give street and number) 4b. Clty, Town, or Location of Death 4c. County of Death **Examiner** 602 Rolling Hill Walk #301 Anne Arundel Odenton If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days 1 ☐ M 2 🖾 F Yrs. Director 218-38-8908 Oct. 25 1919 Netherlands Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show Lnotified at Maryland | Anne Arundel Director Odenton Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? r than "natural", or items 23a or the Medical Examiner must be r 602 Rolling Hill Walk #301 21113 death Funeral Netherlands 12. Was Decedent Ever In U,S. Armed Forces? Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status Pages 1 and 2 should be filed within 72 hours abar merit of Health and Mental Hygiens.
ant if litem 27 is merked other than "natural, or its ant or other traumatic event, the Medical Examinian ury or other traumatic event, the Medical Examinian ☐ Yes 2 No Yes, Give 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 1 No Specify: þ XX Widowed 4 Divorced Specify: Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decadent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Private/Embassy 12 Cook 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Mathieu Lentzen Ida Aussems 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Maria Brothers Daughter 602 Rolling Hill Walk Odenton, Md. 21113 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) Department o Important: If any injury or pose. Lincoln Cemetery 12-26-96 Brentwood, Maryland 22. Name and Address of Facility Ft. Lincoln Funeral Home Inc. 21. Signature of Fusieral Service Licent 3401 Bladensburg Rd. Brentwood, Md. 20722 csa 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one rause on each line. Approximate Interval Between Onset end Death **Physician** immediate Cause (Final disease or condition resulting in death) /Medical Carcinoma of the Lung Months Examiner Due to (or es e consequenca of): Examiner The law requires that the death certificate be executed burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last pue Due to (or as a consequence of): physician Physician/Medical the Due to (or as a consequenca of): 80 950 for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? the detached signed by 1 X Yes 2 No 3 Probably 4 Unknown Chronic Obstructive Lung Disease þ 90 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? Coronary Artery Disease hes page 2 certificate 1 Yes 2 1 No 1 ☐ Yes 2 ☐ No Attending Physician: director. 25. Was case referred to medical Be 26. Piece of Death (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 ☑ Residence 6 ☐ Other (Specify) 2 1⊠ Yes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral Medical Certification: 27. Manner of Deeth 28a. Date of injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After 1 Neturel 5 Pending or Attending after death. 1 Tyes 2 No Investigation 2 Accident the 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) In by 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 12 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D24997 December 24 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Luis A. Casas 8317 Cherry Lane Laurel Md. 20707 31. Dete filed (Month, Day, Year)
DEC 2 7 1996 32. Registrar's Signature State Registrar

DHMH 16 Ray 6/95

Box 68760.

Division of Vital

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State of Maryland / Department of Health and Mental Hygiene

40749 Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Dafa of Death 3. Time of Death Day **Physician** Month Yaar Raymond W. Foster Dec. 14,1996 6:10 P.M. /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Prince George's Hospital Center Cheverly Prince George's 5. Social Security Number If Undar 1 Yaar If Under 24 Hrs. 9. Birthplace (State or Foreign Country)
S. Carolina 7. Aga (In yrs. last birthdey) **Funeral** 1 1 M 2 □ F Months Days Hours 579-01-0036 83 Yrs Director Usual Residence of Decedent the Maryland 10b. County 10a. State 10c. City, Town or Location 10d. Inside City Limits D.C N/A Washington me 23a or 28a-f sh imust be notified Director 1⊠Yes 2□No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whaf Country? death with 4417 16th St., N.E. 20017 U.S.A. Completed by Funeral Harne 2 12. Was Decedenf Ever in U,S. Armed Forces? 1¹∑ Yes 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, efc. 11. Marifal Status permit. Pages 1 and 2 should be filed within 72 hours aftare. Department of Haalth and Mental Hygiene. Important: if Item 27 is marked other than "natural", or flam eny injury or other traumatic event, the Med and Exercised once. 1 ☐ Navar Married 2 ☐ Married 21215-0020 WW II 1 ☐ Yes 2 ☐ No Specify: 3 Widowed 4 □ Divorced Specify: Black 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 10th Chauffer U.S. Government Baltimore, Maryland 17. Father's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Jasper Foster Mattie Brown 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Leonard L. Foster/Nephew 802 Delafield St., N.E., Wash., D.C. 20017 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State Mt. Olivet Cem. 12/21/96 4 ☐ Donation 5 ☐ Other (Specify) Wash., D.C. 22. Name and Address of Facility
H.S. Washington & Sons, inc. 21. Slonafure of Funeral Service Licenses 12 4925 Burroughs Ave., N.E. acre 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart feilure. List only one ceuse on each line. Approximate Interval Betw Onsaf and Death **Physician** /Medical Immediata Cause (Final disease or condition resulting in death) Aspiration Pneumonia day Examiner Due to (or as a consequence of): Alzheimer's Syndrome The law requires that the death certificate be executed attending physician and for usa as the bunal-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of). Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Chronic Obstructive Lung Disease Division of Vital Records, p Hypertension Completed 24b. Were autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? peed 2 No this cartificata 1 ☐ Yas 1 ☐ Yas 2 ☐ No Attanding Physician: Be funeral director, 25. Was cese referred to medical 28. Piace of Death (Check only one) examiner? Hospitai: Y Inpatient 2 □ ER/Outpetient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 28e. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? After 5 Pending investigation 1 Naturai death. 1 ☐ Yes 2 ☐ No spital or Attandi cours aftar death heral Director: A 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours a To the Funeral C completely filled Hospital 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. Medical 29a. Certifier 29b. Signature and title of cedifier 29d. Date signed (Month, Day, Year) 29c. Licensa number wic D14799 Dec. 16,1996 30. Neme and address of person who completed ceuse of death (Item 23a) (Type, Print) Mathew, 6510 Kenilworth Ave., Riverdale, Md. 20737 31. Date filed (Month, Day, Year)
DEC 2 3 1996 32. Registrar's Signature State alk Shudson Rankell Registrar

DHMH 16 Rev 6/95

white the state of the same

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Specify:

1 - YES 2 NO

White

MD 21901

Interval Between

Onset and Death

Approximate

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 | YES 2 | 10

COMPLETION OF CAUSE

18:40

8. BIRTHPLACE (State or Foreign Country)

New Jersey

YEAR

Cecil

1996

REG NO 2. DATE OF DEATH

December 27

7. DATE OF BIRTH (Month, Day, Year)

STATE REGISTRAR

Isabel

4. SOCIAL SECURITY NUMBER

154-28-0222

1. DECEDENT'S NAME (First, Middle, Last)

Elizabeth

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IVISION	

July 9, 1915 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Laurelwood Nursing Center Elkton RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10a. STATE Maryland Cecil E1kton Dermit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 48 Pinder Lane as the burial-transit 21921 United States hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noyes, specify Cuban, Maxican, Puarto Rican, etc.) FORCES? 1 YES 2 t Never Married 2 Married 1 YES 2 NO Specify: BY 3 🔀 Widowed 4 🗌 Divorced ED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY nse (Specify only highest ast of working (Give kind of work done life. Do NOT use retired.) Щ ğ Elamentary/Secondary (0-12) College (1-4 or 5+) COMPL page 5 should be detached 12 Nursing Assistant Nursing Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Frank Hamilton Pauline Marie Baker notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Beatrice J. Carter / Daughter 48 Pinder Lane, Elkton, MD 21921 3 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Steta must 20a. METHOD OF DISPOSITION

1 💢 Burial 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) Dec 31 filled in by the funeral director, Columbus Cemetery Columbus, New Jersey examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home 127 South Main Street, North East, medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or raspiratory arrest, shock, or heert fellure. List only one ceuse on each line. cremation, or IMMEDIATE CAUSE (Finel the disesse or condition COPD END STAGE completely event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial. executed traumatic CAD CERTIFICATION and Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): prior to physician 8 cause. Enter UNDERLYING CAUSE (Disease or Injury certificate other t the attending physical difference of DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 the death Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY MEDICAL certificate has been signed by the State Dept. of Health and PERFORMED? that shows any 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES V NO UNCERTAIN PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Hem EXAMINER? HOSPITAL: OTHER: PHYSICIAN t I inpetient 2 ER/Outpetient 3 DOA rsing Home 5 - Residence S - Other (Specify) 10 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH DIRECTOR; After this cer hours after death with th Item 28 Is marked, of 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY t Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident ATTENDING 28a. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 🗌 Homicide J THE HOSPANA.
TO THE FUNERAL DIRECTOR
De filed within 72 hour 29a. CERTIFIER
//Chack aniv 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. PARTITION AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE December 30, 1996 D-32395 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 Mauldin Avenue, North East, MD Thomas Finucan, M.D. 21901 410-287-6616 3t. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Lilia Savidson-Randell DEC 3 0 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

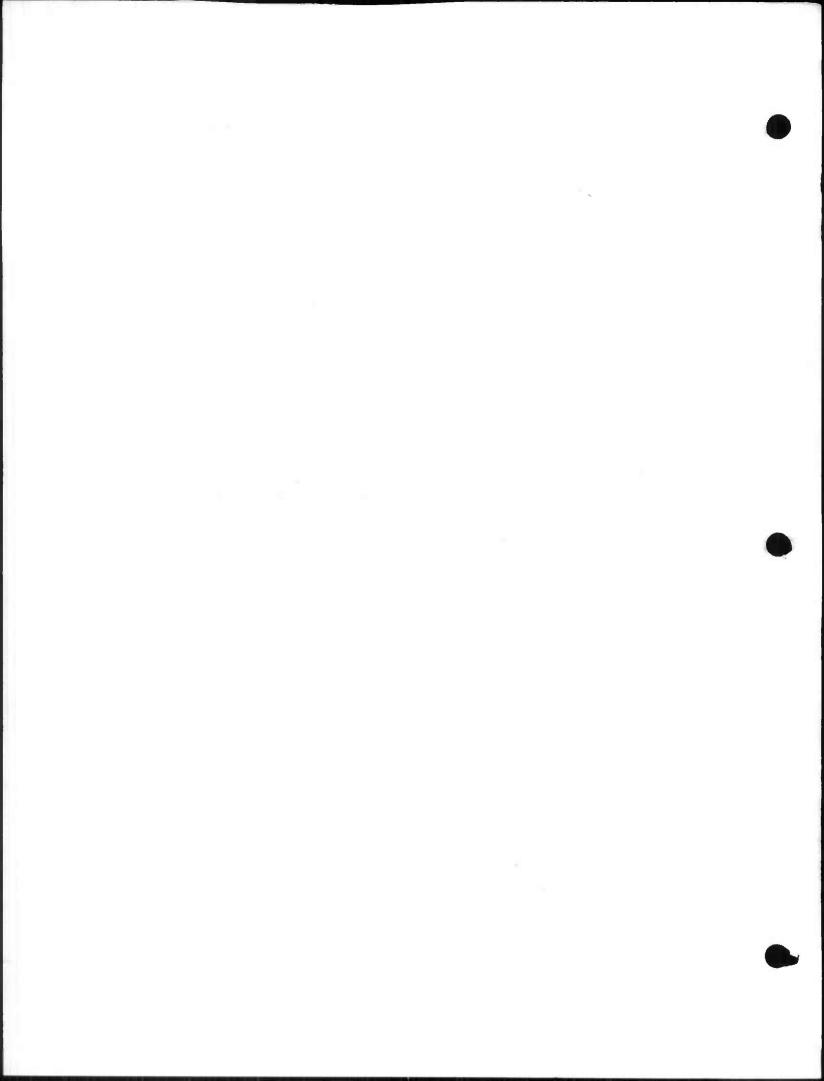
IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In yrs. last birthday)

81

DHMH-16 Rev 1/89



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Physic	rian	Decedent's Neme (First, Midd	dle, Last)							2. Dele of D		Dey	Yeer	3. Tir	ne of Deeth
/Med		Joseph M. Griffin								Decem				5:	35 AM
Exam		4a. Fecility Neme (If not institution	_	um <i>ber)</i>						ocation of Dee	th	4c. County	of Death		
		1019 Grandin	Avenue					Rockv	ille			Mont	gomer	Y	
Funera Directo		5. Social Security Number 578-38-1582	6. Sex 11€ M 2□ F	7. Age (In yrs. 67	V	y) If Under Months	Vear Deys		Min.	8. Dete of B (Month, D Jan. 2	irth Pay, Ye	1929	9. Birthpie Counti Washi	ce (Si	ate or Foreign
p .	and show	Usuel Residence of Decedent													
ath with the Marylar 23a or 28a-f show		Maryland Montgo			kvill								10		de City Limits Yes 2 ☐ No
h th	Directo	10e. Street end Number 10f. Zip Code 10									10g.	Citizen of \	Whet Countr	y?	
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deat	Funeral	11. Marilel Status	12. Wes Dec	edent Ever In U	,S. 13				Hispenic Origin? (Specify Yes ban, Mexican, Puerto Ricen, e			-	lece - American Indian,		n,
or Itams	E	1 ☐ Never Merried 2☑ Mai	rried 1 ☐ Yes	Armed Forces? 1 ☐ Yes 2 ☑ No						Ricen, etc.)		Bieck, While, etc.		ic.	
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mari mati	2	19e. Informent's Name/Reletion			19h Mai	ilina Addrose	Strag			al Route Num		-	State 7in /	Sodo i	
pernit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinar must be notified an once.		Jane F. Griffin 20a. Method of Disposition 1⊠ Burial 2 □ Cremetion 4 □ Donetion 5 □ Other (5	3 □Removel from Specify)	Stele Par	Plece of Disponentery, cr rklawn	position (Nemeratory or other Memory)	e of ner pla ia]	Dec.	28,	Date 1996	Ro	Location -	City or Tow	n, Sta	land
Departing Impor		1	the state of	M00068	22	KOCKVI	тте	, Mar	yran	d 2085	0-28	805	ry Av	enu	Home/
Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	r complications that tonly one cause on a	ceused the deet eech line.		nter the mode	of dy	Ing, such es	cerdiec	or respiretory	erresi,				Imete I Between and Deeth
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be executed ician and burial-transit	al Examiner	Sequentielly list conditions, fit eny, teeding to immediate ceuse. Enter Underlying													
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it the death by the atte- tached for	Physician/M	Pert II. Other significant condition	ulting In the	underlying ce	use gi	ven in Pert	1.	23b. Did tobacco use contribute to the cause of death?					use of death?		
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in: The la ificate ha or, page	has np	25. Was case referred to medica	1							10	Yes	20 No	10	Yes	2□ No

To the Mospital or Attending Physician: The law requires that the death certificate be executed within £4 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the Innerial director, page 2 should be detached for use as the bunal-transit Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

examiner? 1 ☐ Yes 2 ☑ No 27. Menner of Death 1 Neturat

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetlent

28b. Time of Injury

3 DOA

Other: 4 Nursing Home

5 Residence 6 □Other (Specify)

28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

150 Certifying Physician: To the best of my knowledge, death occurred et the time, date end piece, end due to the ceuse(s) and menner es stated.

2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end place, and due to the ceuse(s) end menner stated.

29b. Signature end title of certifier

29a. Certifier (Check only one)

29d. Dele signed (Month, Day, Ypar)

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

809 Veirs Mill Sunita Hanjura, Road, Rockville, Maryland 20851 M.D.

State Registrar

Medical Certification: To

33 Registre's Signeture Randess 31. Dete filed (Month, Day, Year) DEC 27 1996

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DHMN-18 Rev 1/89

page 5 should be detached for

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Signed by the

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10 Injury,

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DIVISION OF VITAL R	TENDING
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH GRUBER LILLIAN 2.50PM DELEMBER 21 1996 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 02-08-1910 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) N . Y . 1 M 2 F DAYS HOURS 217-32-0296 86 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR HEBREW HOME MONTGOMERY ROCKVILLE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION ROCKVILLE 10d. INSIDE CITY MARYLAND MONTGOMERY 1 YES 2-NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6111 MONTROSE ROAD 20852 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 K NO Specify BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com Elementary/Secondary (0-12) College (1-4 or 5+) OWN HOME HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 19 ABRAHAM GREEN HENRIETTA MAYER BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 12406 BUCKLEY DRIVE, SILVER SPRING, MARYLAND 20904 GRUBER/SON ROBERT H. 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 20a. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 R

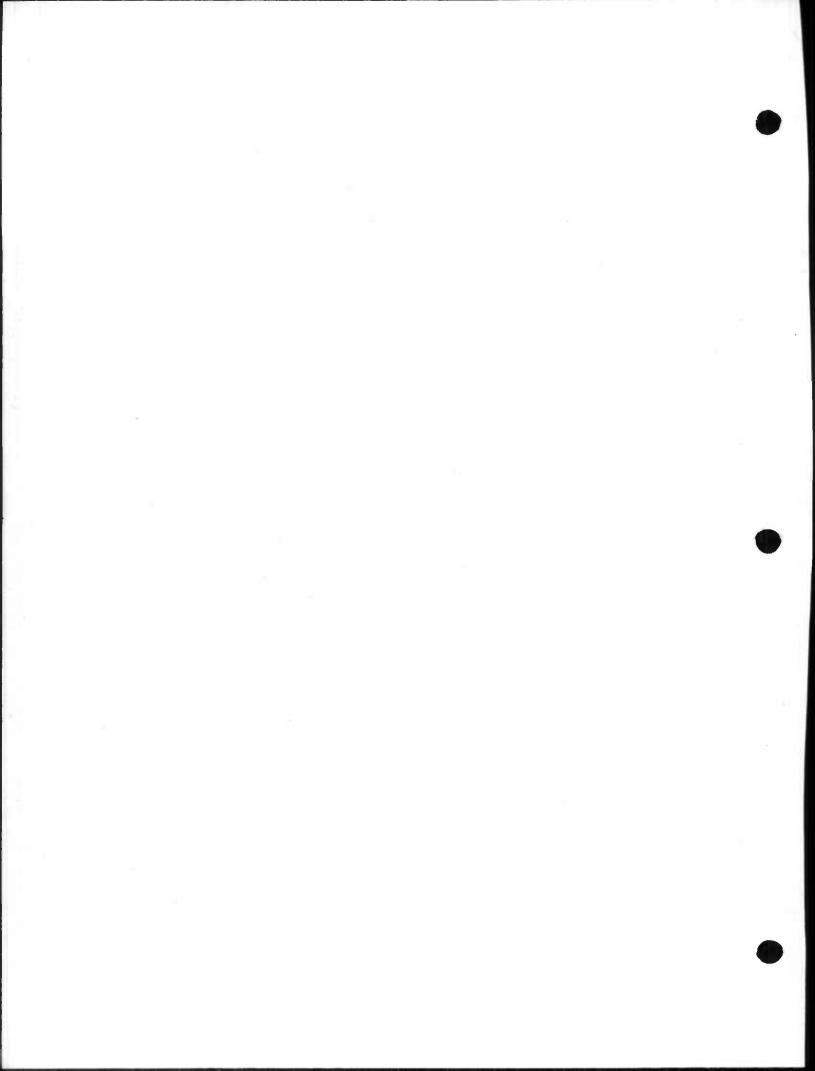
4 Donation 5 Other (Specify) COMFORT CREMATORY 12/24 ALEXANDRIA, VA. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Chapels, Inc. 1170 ROCKVILLE PIKE, ROCKVILLE, MD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition ASPIRATION PNEUMONIA DAYS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CEPEBRO VASCULAR ACCIDENT 2 WEEKS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO, UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be COMPLETED 4 Nomicide 29e. CERTIFIER
(Check only one)

One)

A MEDICAL EXAMINED On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as steted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M.D. BE DELEMBER 21/1996 D 36552 9 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Md-20852 6121 Montrose Rockville 2d. 31. DATE FILED (Month, Day, Year) 32. REDISTRAR'S SIGNATURE Julia Davidson Mandall.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

E FUNERAL DIRECTOR: Afr s within 72 hours after dea RTANT: If Item 28 is n TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT; If Item 2



State of Maryland / Department of Health and Mental Hygiene

29d. Data signed (Month, Dey, Year)

December 20, 1996

40753

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or tr		William F. Grave	es/son		1270	8 Conn	ect:	icut Aver	nue, Sil	lver Spr	ing,	MD 20906	
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State Registrar

29b. Signature end titla of certifier

Helen Chen, M.D. 8901 Wisconsin Avenue, Bethesda, MD

31. Dete filed (Month, Dey, Year) 32 Registrar's Signatura 32 Registrar's Signatura

30. Name and eddrass of person who completed cause of deeth (Item 23a) (Type, Print)

29c. License number

AG 2556718XCH1015

National Naval Medical Center

20889-500

DHMH 16 Rev 6/95

sed in the sea

State of Maryland / Department of Health and Mental Hygiene

40754 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 6:30 Mm Physician ROBERT H. Month Day DECEMBER 22 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Howard County General Hospital Columbia Howard If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Yeer)
October 14, 1913

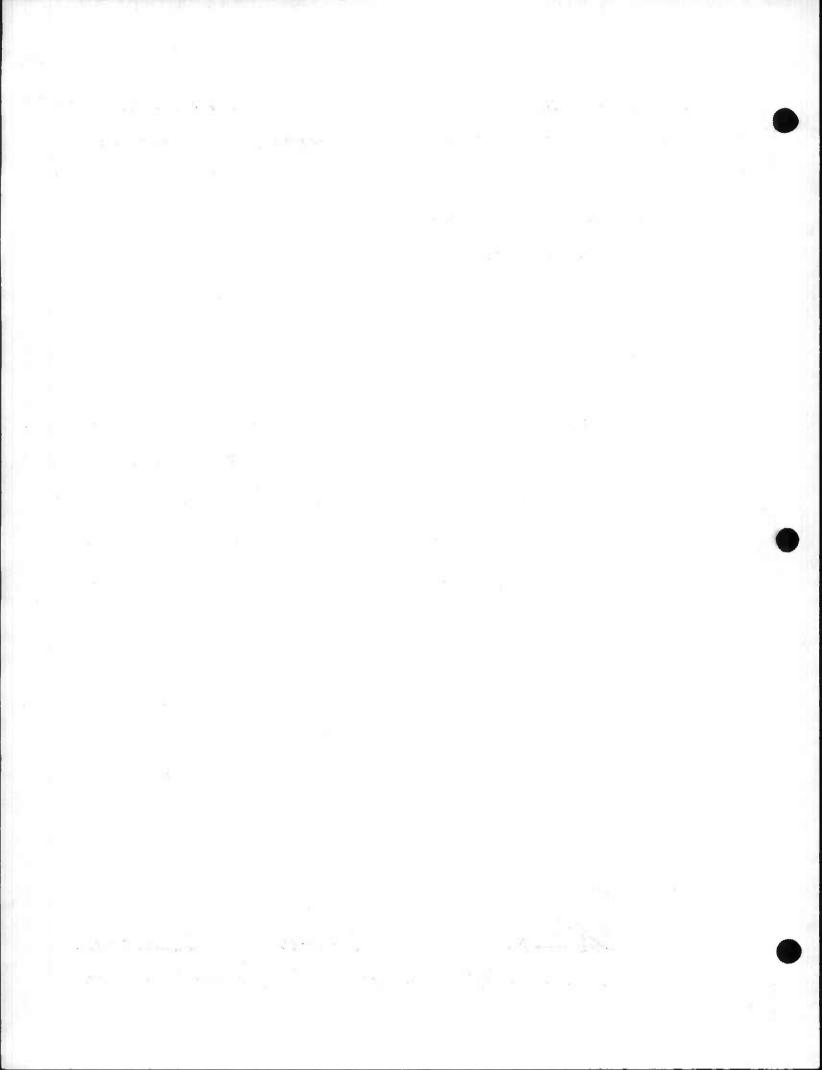
9. Birthplece (State or Forei Country)
Washington, D.C. 6. Sex 7. Age (in yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Hours 1 M 2 □ F Yrs. 83 579-60-3780 Director Usual Residence of Decedent 10a State 10h Counts 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be notified at 1 No 2 No Director Maryland Howard Columbia 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 Items 23a 5400 Vantage Point Road, Apartment 1213 21044 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Black, White, etc. should be filed within 72 hours after on Mental Hygiena.

marked other than "natural", or Itel 1 Never Merried 2X Married 1 Yes 2 No
If Yes, Give
Yeer or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced white Completed traumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 physician self employed 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Pages 1 and 2 should be filt ment of Health and Mental Hyant: If Item 27 is marked oth jury or other traumatic even Be Frank William Groh Mary Lovetta Holmes 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Pauline S. Groh 5400 Vantage Point Road, Columbia, Maryland 21044 20a. Melhod of Disposition 20b. Pleca of Disposition (Name of cemetery, crematory or other placa) Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State permit. Page Department o Important: If eny Injury or 12-23-96 Beltsville, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Chesapeake Crematory 21. Signature of Funeral Service Licenses 22. Neme end Address of Facility Rapp Funeral Services, P.A.
933 Gist Avenue, Silver Spring, Maryland 20901
23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest,

Approximate Approximete interval Between Onset and Death **Physiclan** Aspiration Premionia Immediate Cause (Final disease or condition resulting in death) /Medicai Examiner Due to (or as a consequence of) Examiner KENAC FAILURE The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): physician s the burial P.O. Box 68760, Physician/Medical Due to (or es a consequenca of): 88 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ata has been signed I paga 2 should be dat Records, þ 24b. Were autopsy tindings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? cartificata 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: 25. Was case referred to medical Be 26. Place of Deeth (Check only one) Hospitel: 1 The patient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To this filled in by the funaral 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Pending investigation 1 Neturel 24 hours after death. 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homleide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a, Certifier Medical To the Hosp within 24 hou To the Fune completely fi (Check only one) 29b. Signature and IIIIa of pa 29c. License number 29d. Date signed (Month, Day, Year) 855 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) BOOY IL LEVING NO 10 11055 -1114 31. Date filed (Month, Day, Year) 32 Registrer's Signature State DEO 2 3 1996 Sa Davidson Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40755 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Eligio Gonzalez 1996 December 20, 10:00 AM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 9104 Linton Street Silver Spring Montgomery If Under 1 Year 6. Daie of Birth (Month, Dey, Yaar) 9. Birthplaca (State or Foreign Country) Dominican 5. Social Security Number 6. Sax 7. Aga (In yrs. lest birthday) **Funeral** Days Hours Min. 1 X M 2 □ F Director Yrs 583-78-5679 81 May 25,1915 Republic Usual Residence of Decedent the Maryland 10a, State 10b. County 10c. City, Town or Location 10d. tnside City Limits must be notified at Director 1 ☐ Yas 2 ☑ No 288-71 Maryland | Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? b 238 9104 Linton Street 20901 Funeral USA flams 2 12. Was Decedent Ever in U,S. Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, atc.) Raca - Amarican Indian, Black, White, etc. 14. Raca -"natural", or items edical Examiner r filed within 72 hours after 1 ☐ Yes 2€ No If Yes, Give Year or Dates: 1 ☐ Navar Marriad 2 ☑ Married Baltimore, Maryland 21215-0020 1 2 Yas 2 No Specify: Completed by Specify 3 Widowed 4 Divorced Dominican Republic White the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Minister Religious 7 is marked other traumatic event, t 17. Father's Name (First, Middle, Last) . Pages 1 and 2 should be Illi unent of Health and Mental H lant; If Nem 27 is marked oth lary or other traumatic even 18. Mother's Name (First, Middle, Maiden Sumeme) Be Federico Gonzalez Mercedes Eusebio 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Nelly E. Garcia 9104 Linton Street Silver Spring, Maryland 20901 20b. Place of Disposition (Neme of cametery, cremetory or other piece, 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☑ Burlal 2 ☐ Cramation 3 ☐ Ramoval from State Cementerio Maximo Gomez 4 ☐ Donation 5 ☐ Other (Specify) 12/23/96Dominican Republic 21. Sign ture of Funeral Service 22. Name and Address of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd., W., Silver Spring, MD 20901

Approximete Iure. List only one cause on each line. 23a. Part1. Enter the dis-shock, or heart tailure. Approximete Interval Between Onsel and Daath Physician /Medical Immediate Cause (Final Congestive Heart Failure disease or condition resulting in death) Examiner Due to (or as a consequence of): Hypertensive Heart Disease The law requires that the death certificate be executed the burial-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, physician Physician/Medicai Due to (or as a consequenca of) USB- 85 Part tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobecco use contributa to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown

signed b ð page 2 should Completed Be 2 Hospital or Attending Physical hours after death.
 Funeral Director: After this etely filled in by the funeral di Certification:

Deen

certificate

this

To the Hospital
within 24 hours a
To the Funeral

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Division of Vital Records,

Physician:

24a. Was an autopsy performed? 24b. Were autopsy tindings available prior to

completion of causa of death? 1 Yes XX No 2X)(No 25. Was case raferred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpalient 3 ☐ DOA Other: 4 Nursing Home 5 Anasidence 6 Othar (Specify) 1 ☐ Yes ŽÜÑNo 28a. Date of Injury (Month, Dey Year) 28b. Tima of 28c. injury at Work? 28d. Describe how Injury occurred 5 Pending

27. Manner of Death 1XX atural 1 ☐ Yes 2 ☐ No invastigation 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) 28f. Location (Straet end Number or Rurel Route Number, City or Town, Stete) 4 - Homicide

Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cauae(s) and manner as stated. 29a. Certifier

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one)

29b. Signature and title of cartifie 29c. License number 29d. Data signed (Month, Day, Year) 25996 12/22/96

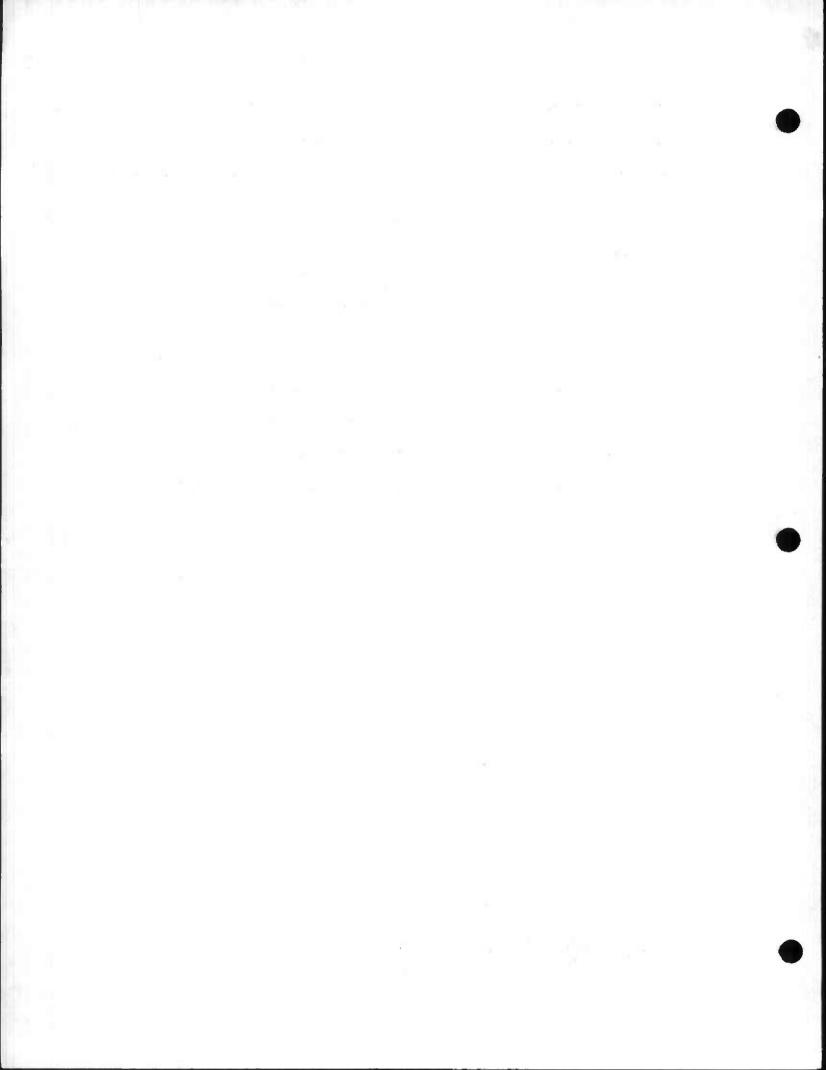
30. Name and address of persen who completed cause of death (Item 23a) (Type, Print) 1160 Varnum St., Suite 021, N.E. Washington, DC Elmer Carreno 20017-2107

State Registrar

Medical

31. Date tiled (Month, Day, Year) DEC 2 3 1996





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Balt	

The law requires that the death certificate be executed P.O. Box 68760, physician Division of Vital Records, certificata or Attending Physicien: this After t death. after death

ML ITEMS: 23 PART I. 27. PER MEO State of Maryland / Department of Health and Mental Hydiene FILM g-743 1/15/97 t.t Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Day **Physician** Month Year IRIS /Medical GAGARIN 17 1996 DEC 1:57 AM 4a. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** HOLY CROSS HOSPITAL SILVER SPRING
If Under 24 Hrs. 8, Date of Bir MONTGOMERY 5. Sociel Security Number if Under 1 Year 6 Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funerai** Birthpiace (State or Foreign Country) Days 12 1 ☐ M 2 🕅 F Min. Yes 216-47-1441 June 5, 1996 Director 6 Maryland Usual Residence of Decadent death with the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. inside City Limits items 23s or 28s-f shown net must be notified at Director 1 ☐ Yes 2 No Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 13602 Georgia Avenue 20906 USA 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Maritai Status 14. Race - American Indian, the Medical Examiner Bieck, White, etc. filed within 72 hours after 1 Never Married 2 Married ò 1 ☐ Yes 2 → No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced Asian 'haturel', Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) I Hygiene. Elementary/Secondary (0-12) Coliage (1-4or 5+) N/A N/A N/A other traumatic event. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Pages 1 and 2 should be ent of Haaith and Mental Department of Health and Mental Important: if Item 27 is marked on any Injury or other traumatic even Gilly Gagarin Daisy Lutian 19a. Informant's Name/Ratationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13602 Georgia Ave., Silver Spring, MD 20906 Daisy Gagarin 20a. Method of Disposition 20b. Pleca of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, Stata 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery 12/19/96 Silver Spring, MD 21. Signature of Funeral Service Licansee 22. Name and Address of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd. W., Silver Spring, MD 20901 COME 23a. Part. Ever the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or teer failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical immediate Cause (Final CONGENITAL HEART DISEASE disease or condition resulting in death) Examiner Due to (or as a consequenca of): Sequentially list conditions, if any, laading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last burial-tran Due to (or as a consequence of): Physician/Medical the Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 Yes 2 No 3 Probably 4 Unknown by Completed 24b. Were autopsy findings available prior to complation of cause of death? 24e. Was an autopsy performed? 1 Ves 2 No 1 TYas 2 No Be 25. Was case referred to medical 26. Place of Death (Check only one) P 1 Xas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Tima of 28c. Injury at Work? Certification: 5 Panding Investigation 1 Tyes 2 No 2 Accident 6 Could not be 3 Suicide 6 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida within 24 hours a
To the Funeral C
completely filled edical 1 Certifying Physician: To the best of my knowledge, daath occurred at the time, date and place, and due to the cause(s) and manner as stated.

The dical Experiment on the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the 29a. Cartifier Do the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signators and t 29c. License number 29d. Dete signed (Month, Day, Year) O.C.M.E. DECEMBER 17, 1996 complated cause of death (item 23a) (Typy Print) 30. Name and address of person who JOHN SMIALEK M.D. 111 Penn Street, Baltimore, Maryland 21201 32. Pegistrar's Signature 31. Date filed (Month, Day, Year) State

Registrar

DEC 2 4 1996

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State of Maryland / Department of Health and Mental Hygiene 40757 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Data of Death 3. Time of Death **Physician** Month 23, Ε. GRAVES Dec. 1996 5:00 A.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 5519 MARLBORO PIKE APT 3 Forestville Prince George's 5. Social Security Number If Undar 1 Year If Undar 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Days Months 180 M 2□ F Yrs Jan. 30, 1939 County, W.VA Director 232-64-8448 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 X Yas 2 □ No than "natural", or items 23s or 28s-f the Medical Examiner must be notifie Maryland Prince George's Forestville 10e. Street and Numbar 10f. Zip Code 10g. Citizen of What Country? 5519 Marlboro Pike, Apt. 3 20747-1115 United States Funeral 12. Was Dacedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 Never Marriad 2 Marriad I ☐ Yes 2⊠ No f Yes, Give Year or Datas: 1 ☐ Yes 21 No Specify: African American by 3 ☐ Widowed 4 ☐ Divorced "nahuraf". Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Hygiene. College (1-4or 5+) Government 5+ Automotive Mechanic 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be Illi ment of Health and Mental H ant: If Item 27 is marked oth Be Walter Wallace Graves, Sr. Elizabeth Lindsey 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) important: If Item 27 is n Shirley G. Graves- Wife 5519 Marlboro Pike, Apt.3, Forestville, MD 20747-1115 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ⊠Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 12/30/96 Landover, Maryland Harmony Memorial Park 21. Sign ure of Funeral Sarvice License STEWART FUNERAL HOME, Inc. 4001 Benning Road, N. E., Washington, D. C. of t. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, lock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final disaase or condition resulting in daath) Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last physician a s the bunal-1 Physician/Medical attending p Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of á 1 TYes No 3 Probably 4 Unknown bened i à - Va Scellas Completed 24b. Were autopsy findings available prior to completion of cause of daath? 24a. Was an autopsy page 2 D No 1 Yes 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: "
with 24 hours eiter death.
To the Funeral Director: After this certifical control of the funeral director; t Be 25. Was case refarred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Homa Yes 2□ No Medical Certification: To 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Residence 6 Other (Specify) 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Natural Accident 5 Pending invastigation 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and menner as stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. 29a. Certifier 29b. Signature and the of cartifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) nan holeted cause of death (Item 23a) (Type, Print) Kay Omran, IN 9192; What Medical C, ennsy

State Registrar

31. Date filed (Month, Day, Year)

Saltimore, Maryland 21215-0020

Box 68760.

P.O.

Records,

Division of Vital

6. By 3.

State of Maryland / Department of Health and Mental Hygiene Q &

96 40758

					Certificate	of Death		Reg. No.	30	40730	
Physi /Med		1. Decedent's Neme (First, Middle, Left) Hazel E.	Goodman				2. Dete of De Month December	Dey	.996	3. Time of Deeth 3:57 pm	
Exam		4a. Fecility Nema (If not institution, g	iva street end numb	er)		4b. City, Town, o	r Location of Dee		y of Deeth	1580	
		Crofton Conval	escent Co	enter		Crofton	1	Anne	Arur	nde1	
Funera Directo	_	577-60-3505	1 DM ODE	Age (In yrs. lesi 90	birthdey) If Under 1 Y Yrs. Months D	eys Hours Min	8. Date of Bi (Month, D Oct. 1			oleca (State or Foreign http) n Carolina	
/land		Usuel Residenca of Decedent 10a. State 10b. County		10c. City, T	own or Location					Od. Insida City Limits	
Man a-f sh	ctor	Maryland Prince	George's	Bren	twood					1⊠Yas 2□No	
章 50 K	Dire	10e. Street and Number	-		10f. Zip Co	de		10g. Citizen of	Whet Cour	ntry?	
23a	ra I	3808 Upshur Stre			2072	2		U.S.A.			
72 hours after death with the Manyland naturel', or items 23a or 28a-f show Jisal Examiner must be notified at	by Funeral Director	11. Meritel Stetus 1 □ Navar Married 2 □ Marriad 3 ☒ Widowed 4 □ Divorced	12. Wes Decede Armed Force 1 Yas 2[If Yes, Give Yeer or Date	s? ⊋No		of Hispenic Origin? (Cuben, Maxican, Pue No Specify:	Specify Yes or Norto Rican, atc.)	o- 14. Ra Bie Spech	ca - American Indian, eck, White, etc.		
72 ho natur	eted	15. Decedent's I	Education rede completed	1	6e. Decedent's Usuel O	ccupetion	orkina	16b. Kind of E	Business/Inc	dustry	
should be filed within and Mental Hygiene. s marked other than "umatic event, tre Me.	Completed	Elemantary/Sacondery (0-12)	Collage (1-4d	or 5+)	life. DO NOT use n	one during most of watered)	Orking	II S	Cover	overnment	
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permit. Pages 1 and 2 Department of Health a Important: If Item 27 is eny Injury or other tra		Claudet	te d.	Dasc	Francis 4739 Ba	ddress of Fecility Gasch's S ltimore Av	ons Fundania	eral Hon	ne, P.	A. 4d. 20781	
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To the within To the comple	M	29b. Signatura and title of certifier	0 1		29c. Lic	ensa number		29d. Dete signe	d (Month, L	Day, Year)	
10000000		1 Jours	She			5848		12/18/9	96		
		30. Name end elidress of person who	/			r/ -	, , ,	0.1.			
		1438 Defense Hw	y Gam	brills,	Md. 210	54 I	Howard K	. Schul	Ltz		

DHMH 16 Ray 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Date of Deeth **Physician** 4c. County of Death 10 /Medical ution, give street 4b. City, Town, or Location of Death Examiner 0 (reproses 5. Social Security Number e (In yrs. lest birthdey) If Under 1 f Under 24 Hrs. 6 Sax 8. Date of Birth (Month, Dey, 9. Birthplece (Stete or Foregrand) **Funeral** Days 1 □ M 280 F Months Hours Yrs. Director 209 16 3456 69 10,1927 Pennsylvania Sept. Usual Residence of Decadent death with the Maryland **ehow** 10a. State 10b, County 10c. City, Town or Location 10d. Inside City Limits the Medical Examiner must be notified at Prince George's Director Maryland Lanham XXX Yes 2 No 28a-f 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ö 238 20706 5634 Westgate Rd. United States Funeral Rems ; 11. Maritel Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after 1 ☐ Yes 2 ☐ No if Yes, Give Yeer or Dates: 21215-0020 ŏ Specify: White 1 ☐ Yes 2 ☐No Specify: þ 3 Widowed 4 Divorced naturel". Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Il Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home treumstic event, Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Mental marked Benjamen Donsavage Gertrude Elizabeth Bricker permit. Pages 1 and 2 should Department of Health and Milmportant: If Item 27 is marleny frijury or other treumati 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zlp Code) 5634 Westgate Rd. Lanham Maryland 20706 Jesse Howell Husband 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State A Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Maryland National Memorial Park 2/24/96 Laurel Maryland 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Robert E. Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Maryland 20715 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Onsel and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) 5 mao **Examiner** Due to (or as a consequence of): Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, attending physician for use as the buna Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 Yes 2 No 3 □ Probably 4 □ Unknown by Completed 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes an autopsy performed? certificate 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical exeminer? 26. Placa of Death (Check only one) Other: 4 Nursing Home 1 ☐ Yes 2 No Certification: To 1 Inpatient ome 5 Residence 6 Other (Specify)
28d. Describe how injury occurred 2 ER/Outpatient 3□ DOA this 27. Manner of Dee 1 Watural 2 Accident 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? After 5 Pending after death. investigation 1 Yes 2 No 6 ☐ Could not be determined 3 ☐ Suicide Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) in by 4 Homicide To the Hospital within 24 hours a To the Funeral D completely filled Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated. Medicai 29e. Certifier 29b Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) Item 23a) (Type, Print) y Center Ok. Operabelt Molons 31. Date filed (Month, Day, Year) State DEC 26 Registrar

DHMH 16 Rav 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40760 Certificate of Death 1. Decedant'a Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** SAMUEL 11-20 Pm HOWARD 25.1996 DECEMBER /Medical 4a. Facility Neme (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SOUTHERN if Under 24 Hrs. 8. Data of Birth PRINCE GEONGE MANYLAND HOSPITAL 5. Sociel Security Number 7. Age (In yrs. last birthday) if Under 1 Yeer 9. Birthplaca (State or Foreign Country) Funerai 1 M 2□ F Months Days 579-18-9943 Yrs. Director Usual Rasidance of Dacadant the Maryland 10a, Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 28a-f ahow the Medical Examiner must be notified at 'ASHINGTON Director 1 No 2 No 10f. Zip Coda 10e. Street and Number 10g. Citizen of What Country? "natural", or items 23a or 20019 USA 1031 Street 12. Wes Decedant Evar in U,S Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Maxican, Puerto Rican, atc.) Raca - Americen Indien, Bieck, Whita, atc. 11. Marital Status Armed Forcas?

1 Yas 2 No filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Spacify Black by Specify: 3 Widowad 4 ☐ Divorced Yeer or Datas: Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education 16b. Kind of Businass/Industry (Spacify only highast grada complated) permit. Pages 1 and 2 should be filled within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any Injury or other trauments. Elamantary/Secondary (0-12) Collega (1-4or 5+) Laborer-Supervison Contsruction 12 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumame) Be 0 amuel to ward Mabel 19a. informant's Name/Raiationship (Typa, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Alveria LORd Ft. WASH, MD 20744 Gennenel -ane 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramoval from State SuitLand, Lincoln Men, Cemetery 10-31-96 21. Signature of Funeral Sep 22. Nema and Addrass of Fecility STRICKLAND FUNERAL Service 6500 Allentown Road, Camp Springs MD 20748 Enter tha disaasa, or complications that causad tha daath. Do not antar the mode of dying, such as cerdiac or respiratory arrest, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset end Death **Physician** /Medicai Immedieta Causa (Finel disease or condition rasulting in death) **Examiner** Examiner attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, leeding to immadiata causa. Entar Underlying Causa (Diseasa or Injury that initiated evants resulting in death) Last Box 68760, Physician/Medical Division of Vital Records, P.O. ate has been signed by the page 2 should be detached Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy completion of cause of death? certificate has 20 No 1 Yas 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Was casa rafarrage to medical axaminar? Be 26. Placa of Death (Chack only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Hospital: 21 No 1 Tas 1 inpatiant Certification: To 2 ER/Outpatient 3 DOA this furneral 27. Manner of Death 1 D Natural Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how Injury occurred Alth 5 Panding invastigation after death. 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datermined 281. Location (Street and Number or Rural Routa Number, City or Town, State) 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) B 4 I Homicida within 24 hours To the Funeral C completely filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian Medical (Check only one) 29b. Signature and title of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year)

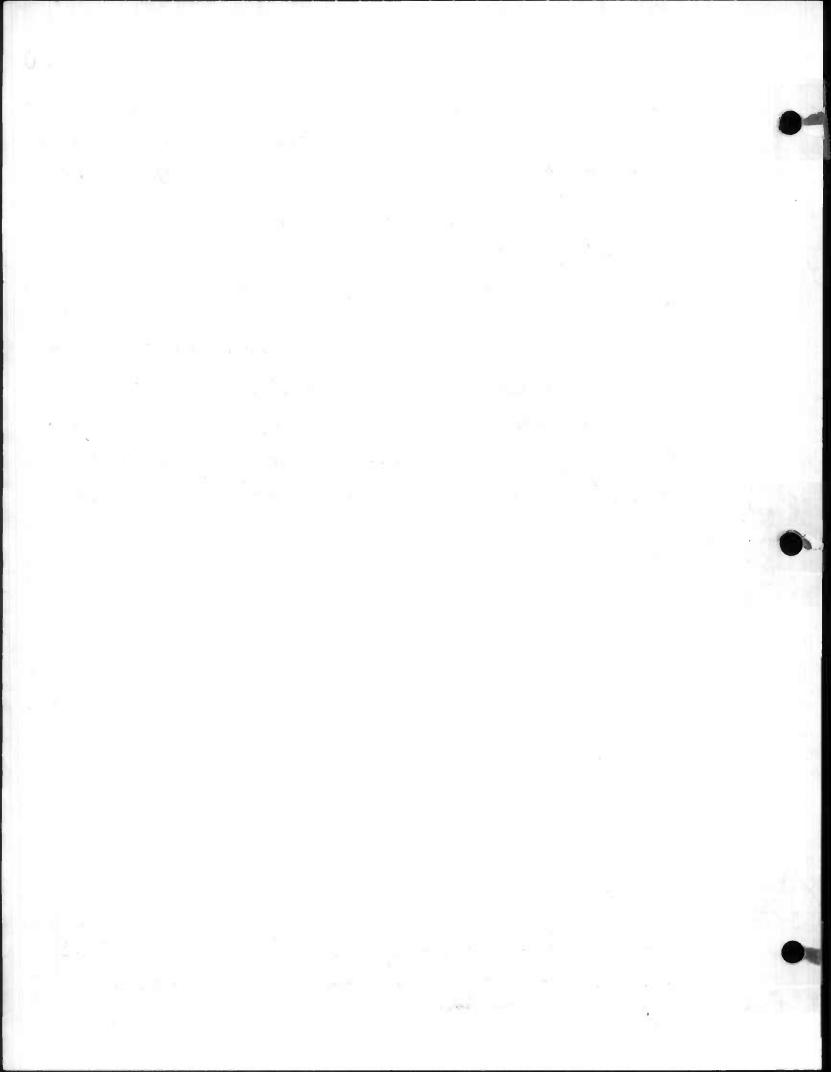
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DHMH 16 Rev 6/95



		State of Maryland	/ Department of F Certificate of		, 0	9 9 1	6 40761		
Physicia /Medic		1. Decedant's Nama (First, Middla, Last) TERESA HARROD			Data of Death Month ECEMB	Day Yaa			
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ha Maryland 8a-f show offred at	Director	10a. State 10b. County 10c. City, Maryland Prince George's La	Town or Location				10d. Insida City Limits 1★ Yas 2 No		
items 23s	Funeral	10e. Sîreet and Number 9011 Varnum Street 11. Marital Status 1 □ Never Married 2 □ Merried 1 □ Yas 2 □ No	If Yas, specify Cube	lispanic Orlgin? (Specif en, Maxican, Puerto Ric	v Yes or No-	United S 14. Race - An Bleck, Wi	tates		
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Physician /Medical Examiner	Je.	tmmediata Causa (Final diseasa or condition rasulting in death) e. ### ### ### ### #################	le Strok	e with	(lv.	ma	Onsat and Death		
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3		30. Nama and address of person who complated causa of deeth (Item 23) TSUNTE CHANCIFIEN	3e) (Type, Print)	3339 Cunnon		12/23.	76 Brasn Her		
State Registra	e	31. Data filed (Month, Dey, Year) DEC 26 1996 32 fregistry's Signature July William	PP 24 Revolu	cunning	7 1 4 1/2	01.7	0		

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State of Maryland / Department of Health and Mental Hygiene 40762 Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death Month **Physician** Nicey 11:10 P.M. 4c. County of Death /Medical December 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner PRINCE GEORGES HOSPITAL CHEVERLY PRINGE GEORGES If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8 Date of Birth Birthplace (State or Foreign Country) **Funeral** 1 □ M 2 🗹 F Days Months Min. Hours 77 233-66-3586 Director 10/20/1919 Usual Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits evant, the Medical Examiner must be notified at Director 1 Yes 2 100 PRINCE GEORGES DISTRICT HEIGHTS MD 10e. Street and Number 10f, Zip Code 10g. Citizen of What Country? ö 238 2313 WINTERGREEN AVE 20747 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give items ! Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer Department of Health end Mental Hygiene. Important: If Nem 27 is merked other than "natural", or item any injury or other traumatic evant. 1 Never Married 2 Married 21215-0020 1□ Yes 2 No BLACK Specify: þ 3 Widowed 4 □ Divorcad Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) HOME HOUSEWIFE Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be BESSIE ZIEGLER RICHARD BROOKS 2 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2313 WINTERGREEN AVE DISTRICT HEIGHTS, MD 20747 LINDSEY HILL, JR/SON 20b. Placa of Disposition (Neme of 20a. Method of Disposition 20c. Location - City or Town, Stete cemetery, cremetory or other pleca) 1 Burlai 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) HARMONY 12/23/96 SUITLAND, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
POPE FUNERAL HOMES 5538 MARLBORO PIKE FORESTVILLE, MD 20747 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting In death) espiratory Examiner Examiner Hospital or Attanding Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest and Cancer P.O. Box 68760, nding physician Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause of death? signed by 1 Ves 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? neumonia pticema 2 No certificate 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 1 No 1 Inpetient 2 ER/Outpetient 3 DOA this funeral 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? After 1 Netural 5 Pending 1 ☐ Yes 2 ☐ No death. investigetion 2 Accident after death Director: filled in by the 3 Suicide 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, State) Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 - Homlcide within 24 hours a
To the Funeral D
completely filled 1 Certifying Phyelctan: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29e. Certifier \$ 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) 10 an Dixon Wellerll 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) Prince Georges Hospital Center 31. Date filed (Month, Dey, Year)

33 Registrar's Signeture

State Registrar

DEC 26

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

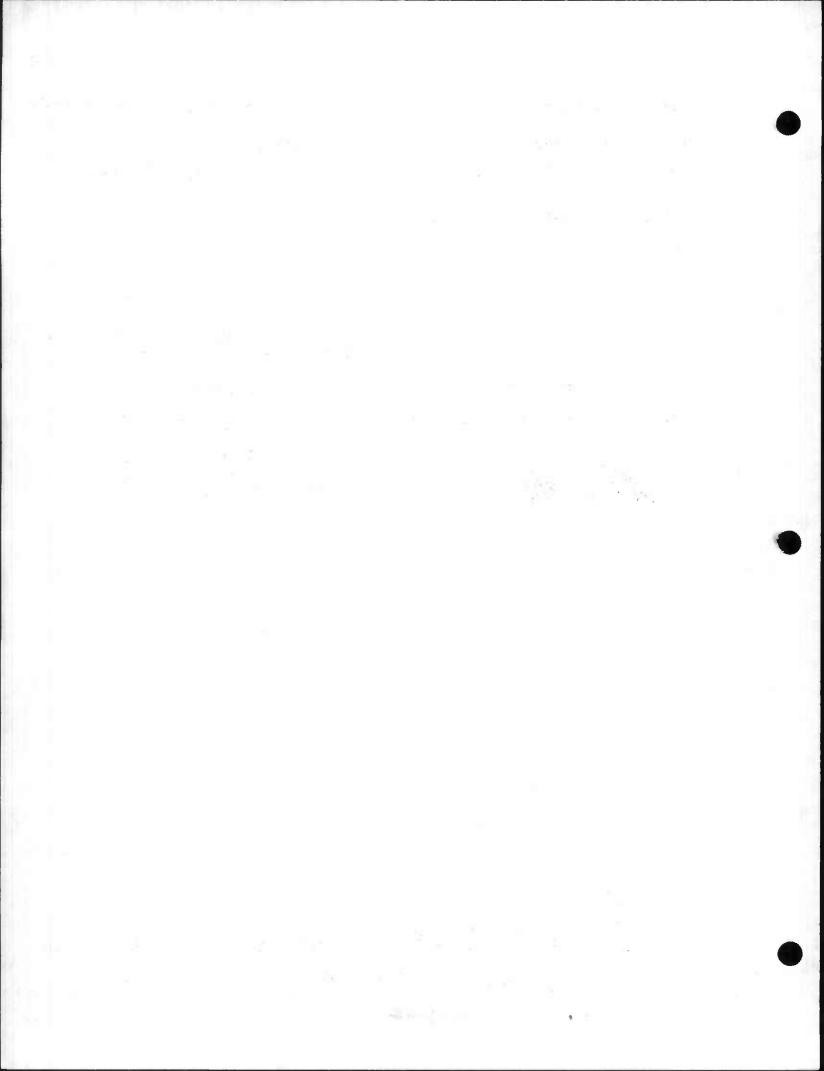
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a	d 2 should th and Mer 7 is marks traumatic		19a. Informant's Name/Raiationship	(Type, Print)		19b. Mailin	ng Addrass (Stre	et and Number or	Rural Routa Numi	ber, City or Town,	Stata, Zip Coo	ie)	
			Pearl Hammer / Sp	Olice		7 Gr	evetone	Road, No	orth Fact	MD 2	1901		
ē,	Pages 1 and 2 ment of Health a ant: If itam 27 is ury or other tra		20a. Method of Disposition	ouse	20b.	Piace of Dispo	sition (Name of		Data		- City or Town,	Stata	
Ö	or if if		1⊠ Buriai 2 ☐ Cramation 3 ☐		Stata	cematary, cren	natory or other p	lace)	Dec. 31	Cherry			
E	Eant Jury		4 □ Donation 5 □ Other (Specia		In	macula	te Conce	eption	1996	Elkton,	Maryla	nd	
Baitimore,	permit. Page Department of Important: If any Injury or once.		21. Signature of Funeral Service Lice	9696	0		. Nama and Add						
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V			23a. Part1. Entar the disaase, or com	notications that	caused the dea			n Main St				1901 proximate	
Į.	2		shock, or haert feilura. List only	one causa on	aach lina.			y miground au outo	aco or raspiratory		Inte	arvai Between sat and Death	
	Physician		lle services en									out and Doutin	
1	/Medical Examiner		Immediata Ceuse (Final disaasa or condition	. ME	TASTA	TIC C	ARCINIO	MA OF	LIVER		ON	E YEAR	
ı	CAMITING		rasulting in daath)	a		or as a conseq							
ч		Der											
	certificate be axecuted iding physician and ise as the burial-transit	Examiner		b. ———	Due to /	or en e conena	uanaa oft:						
	al-tra	Xa	Sequantially list conditions, If any, leading to immediate cause. Enter Underlying										
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87	sate shys	//Medical	that initiated avants rasulting in daath) Last		Dua to (or as a conseq	uance of):				i		
9	certific nding p	Me											
XO			_	d							1		
8	that the death	Physicia	Part II Other significant conditions	s contributing to death but not resulting in the underlying cause given in Part I.					23h Die	tobacco use co	entribute to the	cause of death?	
0	the ache	Nys.								23b. Did tobacco use contribute to the cause 1 Yes 2 No 3 Probably 4			
4	requires that								11	Yes ZJIS No	3 Probabi	y 4 □ Unknowr	
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20	been s	Completed								s an autopsy formed?	availab	utopsy findings la prior to	
S	> 10 10	Pie							_		of deat	ition of cause h?	
č	The lav ate hes page 2	E							,,,	Yes 2 No	1 D Va	s 2 No	
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of Vital Records,	Physician: This certifical	Be	25. Was casa rafarrad to medical axaminar?	Hospitali			1		eath (Check only	ona)			
¥	hyal li dir	2	1 ☐ Yas 2 No	Hospitat:	Inpatiant 2	ER/Outpatien	T 3LI DOA		Homa 5□ Ras	idence 6 □Oth	nar (Specify)		
		Ë	27. Menner of Deeth 1 Natural 5 □ Panding	28a. Data /Mon	of injury th, Day Year)	28b. Tima of Injury	28c. in	ury at	28d. Dascribe	how injury occur	rred		
Division	Attanding or death. octor: Afte by the fune	퓵	1 Natural 5 Panding 2 Accident invastigatio		,,	,,		☐ Yas 2 ☐ No					
1is	Attand death ctor: /	100	3 Suicida 6 Could not b	28a. Piaca of Injury - At homa, farm, straat, factory, offica						28f. Location (Street and Number or Rural Routa Number,			
S	f or Attand after deati Director: I in by the	ertification:	4 Homicide	build	ing, atc. (Space	<i>fy)</i>			City or To	own, Stata)			
	Mospital 24 hours Funeral letely filled	O											
	4 ho	edicai	(Check only 2 Medical Exar	minar: On the b	esis of axamin	owladge, daath ation and/or tny	occurred at tha astigation, in my	tima, data and pta	ice, and dua to the currad at the time	a causa(s) and ma , data and piace,	annar as stated and dua to tha	(. causa(s)	
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by		one)	and man	ner stated.	-							
	To the within 2 To the comple	Σ	29b. Signatura and titia of cartifiar	1.	11. 1	der .	29c. Lica	nsa numbar		29d. Data signa	d (Month, Day	Year)	
)	Mel	abet	in Mi) No	45344	-	12/30	191		
	17	ŀ	20 Name and address of saves	completed or	Total de m	m 02e\ /T		, / /]	1-124	116		
	Lilla		30. Name and eddress of person who						14	1 0100-			
	+ 101		Suresh Dhanjani,				oad, Pe	rryville	, Maryla	nd 21903			
	Sta		31. Data filed (Month, Day, Year)		Registrar's Sign								
	Registr	ar	DEC 3 0 1996	10. K	vidson-A	-d.02							

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State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate of	f Death		Reg. No.		40104
Dhuala	la a	1. Decedent's Name (First, Middle, L.	ast)					2. Date of D	ealh Day	Year	3. Time of Daath
Physic /Med		Herbert J. Hit	chcock					Decemb	er 24,	1996	12:43 AM
Exam		4a. Facility Neme (If not institution, gi	ive street and number	er)			4b. Clty, Town,	or Location of Dea	th 4c. County	of Death	
		76 Keithley La	ne				Elki	ton	Ce	ecil	
Funera			MIN OF E	Age (In yrs. last		If Under 1 Yaa Months Day	r if Undar 24 H s Hours M	rs. 8. Date of B in. (Month, D	irth lay, Year)	9. Birthp	place (State or Foreign
Director		12-30-1629	I LIS IN LOS	59	Yrs.			March	3,19371	Elkto	on, Md.
pug *		Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location 10									0d. inside City Limits
Aaryl sho	0	Md. Cec					1 ☐ Yas 2 ☑ No				
the t	ect	10e. Street and Number		15.1	kton	10f. Zip Code			10g. Citizen of	Mhat Cour	21
with po w	Funeral Director	76 Keithley La	ne			101. Zip 0000					муг
leath	era	11. Marital Status	12. Was Dacada	nt Ever in U.S.	13 V	Was Decadant of	21921	/Specify Vas or N	U.S.		can Indian,
fer of the fee	臣	1 Never Married 2 Married	11	Yes, specify Cu	Hispanic Origin? ban, Mexican, Pu	erto Rican, etc.)	Bla	ck, White,			
filed within 72 hours after death with the Maryland Hygiane. ther than "natural", or items 23a or 28a-f show ent, the Medical Examinet must be notified at	by	3 Widowed 4 Divorced	1 ☐ Yes 2 ☐ If Yes, Give Year or Dala		1	Yes 2 N	o Specify:		Specif	Wh:	ite
Z I Z I S-UUZU d within 72 hours afi giane. rr than "natural", or	Completed		15. Decedent's Education 16						16b. Kind of B	usiness/In	dustry
thin 7	pie	(Specify only highest grada completed) Elementary/Secondery (0-12) College (1-4or 5+)				NOT use retir	upation e <i>during</i> most of v red <mark>Maint</mark> e	enance	Ceci1	Cour	nty Court
A Signal	5	12			Assi	st. Su	perviso	r	House	2	
should be end Mental s marked o	Be	17. Fether's Name (First, Middle, Les	•				18. Mother's N	ame (First, Middl	e, Maiden Sumar	ne)	Þ
	2	Irving S. Hit	chcock				Reba	Goody	ear		
		19e. Informani's Name/Relationship					et and Number or				
tand 1 and 1 Health em 27 lither tra		Helen C. Hitch	COCK, W				y La.,		T	-	
mit. Peges 1 ar pertment of Hea portant: if Item 2 y Injury or other		20a. Melhod of Disposition 12 Burial 2 Cramation 3	Ramoval from Sta	cem	etery, crem	sition (Name of natory or other pi	/ace)	Data	20c. Location		
men men lant:		4 Donation 5 Other (Speci	(fy)	EIK	ton	Cemete	ry 12/	27,199	Elkto	n, N	1d.
permit. Peges Depertment of Important: If it eny Injury or or		21. Signature of Simplal Service Lice	pseed n			Name and Add	ress of Facility ral Hon	259	E. Main	Str	eet,
40500		N 12/1-	ory		Ge	e rune	Iai nom	Elkt	on, Md.	219	21
TO DE	П	23a. Part1. Enter the disease, or conshock, or heart feilure. List only	nplications that caus	sed the death. [Do not ente	ar the mode of dy	ying, such as card	iac or respiratory	arrest,		Approximate interval Between
Physician /Medical Examiner	ŀ	Immediate Cause (Finel disease or condition resulting in death)	a(Cana	er c	9 00	esoph	agus			
	Je.			Due to (or es	a conseq	uence or):				1	
A CO / CU, artificate be executed fing physician end se es the burlet-transit	Examiner	Sequentially list conditions.	b. ————	Due to (or as	a conseq	uence of):					
orielt		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury				nsequence of):					
ficete be ex physician as the burie	edicai	Cause Disease or injury that initieted events resulting in death) Last Dua to (or as a consequence of):									
deeth certifice ettending ph	Mec										
0 2 2			d								
	Physician	Part II. Other significant conditions	contributing to death	but not resuitin	ing in the underlying cause given in Part I.			23b. Did tobacco use contribute to the cause of			
The law requires that the sta has been signed by the page 2 should be detached.								10	Yes 2□No	3 Prol	bably 45 Unknow
w requires that been signed to should be det	by	-						-		T	
ne law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requirements.	Completed							24a. Wa	s an eutopsy ormed?	av	ere autopsy findings allable prior to mpletion of cause
has b	du									of	death?
ysicism: The i								1 🗆	Yes 2 No	10	Yes 2□ No
Physician: The ratio conficate and director, pag	Be	25. Was case referred to medical exeminer?	Hospital:			10		eath (Check only	one)		
this aldi	2	1 Yes 2 No 27. Manner of Deeth	1 Inpa		Outpatient	3LI DON		Home 5 Res			r)
- D 0 0	lon	1 ☑Natural 5 ☐ Pending	(Month, E	Day Year)	b. Time of Injury	28c. Inj W	ork? □Yes 2□No	280. Describe	how injury occur	red	
Attending ar death. ector: After by the fune	Icat	2 Accident investigation 3 Suicida 6 Could not be	OB Disease of 1	Injune At home	form also			29f Location	(Street and Numl	or or Pure	/ Pouto Number
or Attendin after death. I Director: Aft d in by the fur	Certification:	4 ☐ Homicide determined	building,	etc. (Specity)	, tarm, stre	eat, factory, office	•		wn, State)	er or mura	i Houre Number,
To the Hospital or within 24 hours afte To the Funeral Dir completaly filled in		29a. Certifier 1 Certifying Pt	nysician; To the bes	et of my knowled	doe death	occurred at the	time date and pla	on, and due to the	cauca(a) and m	20001 00 0	tetad
24 h 24 h Fun etaly	edical	(Check only 2 Medical Example)	miner: On the basis and manner:	of examinetion	and/or inv	estigation, in my	opinion, deeth oc	curred at the time	, date and place,	and due to	the cause(s)
Vithin 2 Vithin 2 To the	Me	29b. Signature and title of certifier	A	0 -	-	29c. Licar	nsa number		29d. Data signe	d (Month,	Day, Year)
F > F 0		1 Day	4.1.	1 ale	2	010	man ga	(12-	27_	96
1		30 Name and address of person who	completed cause of	f death /Item 22	a) (Tupa S	C/O	000 70	3	100		/ 0
6		4745 Fautow-(Da Prown	01	7	116	000 90 Newari	K, DE	1971	13	
St	ate	31. Date filed (Month, Day, Year)	32 People	strare Signature			, -				
Regist		DEC 3 0 1996	Lulid D	avidson-A	Indett						
DHMH 16 Rev 6/9	5	APA A A IAAA	0								



State of Maryland / Department of Health and Mental Hygiene 40765 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time - Death Month Physician Florence Eleanor Link Hasson December 29, 1996 10:00 a.m. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Residence: 446 Susquehanna Avenue Perryville 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) March 14,1907 6. Sex Birthplace (State or Foreign Country) **Funeral** 1 □ M 2 ☑ F Months Deys Hours 212-32-2150 89 Yrs. Delaware Usual Residence of Decedent 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits Maryland 1XXYes 2 No Director Cecil Perryville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 446 Susquehanna Avenue 21903 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian. Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 TNo Specify: Specify: è 3. Widowed 4 □ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry V.A. Medical Center Elementary/Secondary (0-12)
Twelve Years College (1-4or 5+) Nursing Assistant Perry Point, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Charles Link Florence Vansant 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Willard S. Hasson, Sr. (son) 1435 Clayton Street, Perryville, Maryland 21903 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State XX Burial 2 Cremation 3 Removal from State Asbury Cemetery 12/31/96 Port Deposit, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licanse 22. Name and Address of Facility Lee A. Patterson & Son Funeral Home MEDIN. atterson, or. Perryville, Maryland 21903 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate nterval Between Onset and Deeth Immediate Cause (Final disease or condition resulting in death) CONGESTIVE HEART FAILURE ZYKARS Examiner ISCHEMIC HEART 2 YEARS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of) Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown CHRONIC ORSTRUCTIVE LUNG DISEASE. þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy DIABETES MELLITUS 1 ☐ Yes 2 No t ☐ Yes 2☐ No. 25. Was case referred to medical 28. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Home 5 X Residence 6 Other (Specify) 1 Yes 2 XNo 2 27. Menner of Death 28c. Injury at Work? 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred Netural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Sulcide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide **Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steted.

ician end burial-transit physician the burial Box 68760, P.O. Records, Division of Vital After t al or Atternars after death.

Director

tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Mexical Examinar must be notified at

the Maryland

72 hours after

filed within 7 I Hygiene.

marked other

permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic event.

Physician

/Medical

Examiner

Baltimore, Maryland 21215-0020

24 hours a To the P within 2 To the F

> State Registrar

29a. Certifier (Check only

29b. Signature and title of certifier

Suresh Dhanjani, M.D., 20 Craigtown Road, Port Deposit, Maryland 32 Seglette Significan Andelle

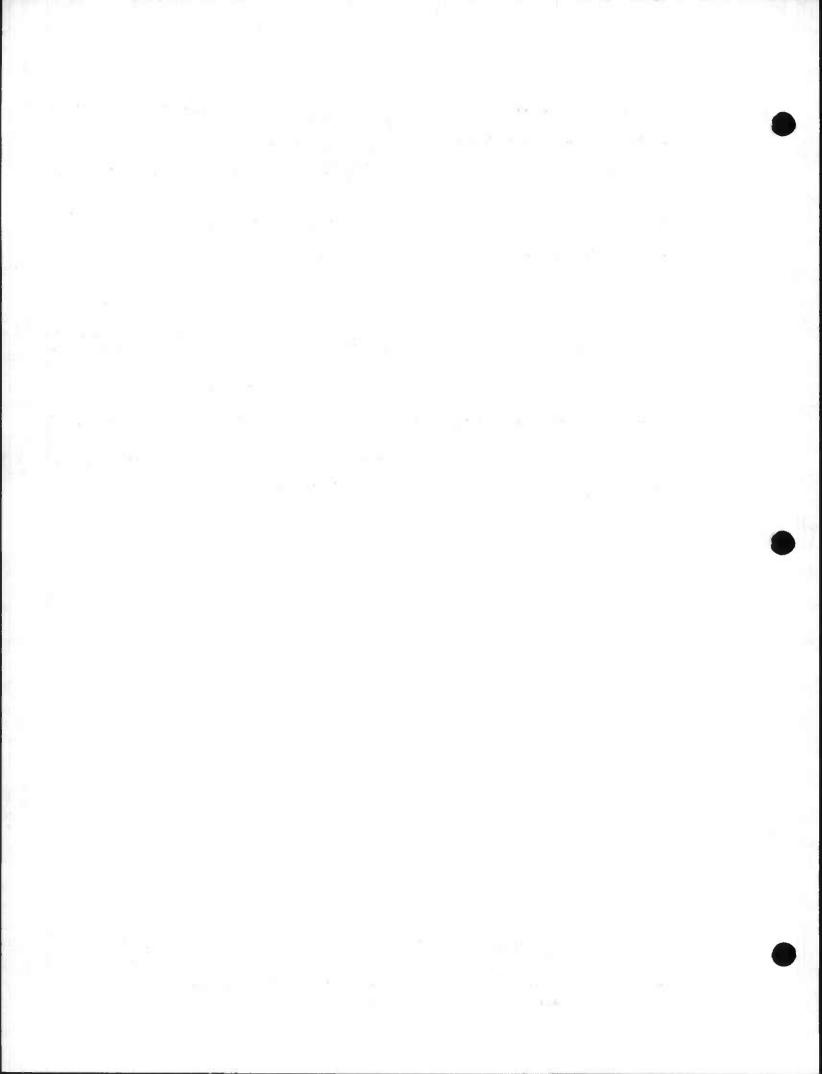
hallasporres

30. Name and address of persop who completed cause of fleath (Item 23a) (Type, Print)

29c. License number

D 45344

29d. Date signed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

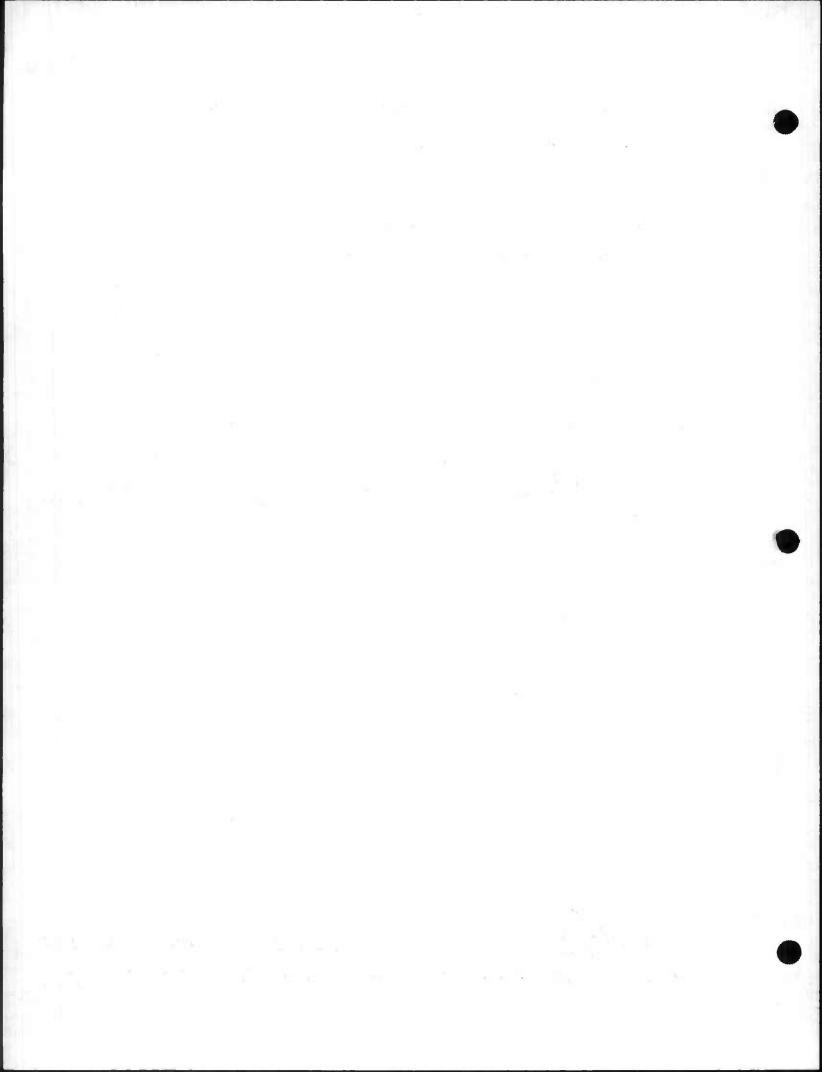
40766 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Harrington December 18, 1996 12:15 PM Mary Catherine /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner College Park PRI
If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
(Month, Day, Year) 9014 Rhode Island Avenue Apt. 509 PRINCE GEORGE'S 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 2√F Director 579-46-1650 Dec. 2, 1934 Washington, D.C. 62 Usual Residence of Decedent the Maryland 10a. Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director 1 ☐ Yes 2X No Maryland Prince George's College Park 10f. Zip Code 10g, Citizen of What Country? 6 items 23a 9014 Rhode Island Avenue Apt 509 Funeral 20740 USA 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. should be filed within 72 hours after and Mental Hygiena.

marked other than "natural", or iter 1 Yes 2 No If Yes, Give Year or Dates: 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specity: þ 3 ☐ Widowed 4 ♣ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 12 Bus Aide Public Schools 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If tiem 27 is marked oth-any injury or other traumetic event 18. Mother's Name (First, Middle, Maiden Sumeme) Thomas S. Clark Anna E. McCauley 19e. fnformant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19620 Gott Street Poolesville, Maryland 20837 Lori Ann Harrington 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Surial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Cedar Hill Cemetery 12/21/96 Suitland, Maryland 21. Signeture of Puneral Service Licensee 22. Neme end Address of Facility Francis J. Collins Funeral Home, Inc. Evber 12 Kamsey 500 University Blvd., W., Silver Spring, MD 20901 23a. Part1. Enter the disease, or complications that deused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. Approximete Interval Between Onser and Deeth **Physician** CARDIAC ARRYTHMIA /Medicai fmmediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of):

MYOCARDIAL INFARCTION Examiner ician and burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last P.O. Box 68760, Physician/Medical Due to (or as e consequence of) X Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? DIABETES MELLITUS 1 Yes 2 No 3 Probably 4 Unknown Records, þ Sign page 2 should Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? MUSCULAR DYSTROPHY-MOTONIC 1 Yes 2 No 1 ☐ Yes 2 ☐ No this certificata of Vital To the Hospital or Attending Physician: "within 24 hours after death." To the Funerel Director: After this certifica director Be 25. Was cese referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To the funeral 28e. Date of Injury (Month, Dey Year) 27, Menner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of Division 1 Naturel 5 Pending 2☐ Accident Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) completely filled in by 4 Homicide 29e. Certifier 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. Medical 29b. Signature and little of certifie 29c. License number 29d. Date signed (Month, Day, Year) 122910 30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print)

ASIF S-QADRI-4700 BERWYN HOUSE' RD, COLLEGE PK TD20740 31. Date filed (Month, Day, Year) 32 Registrar's Signature State DEC 2 3 1996 ilia Davidson Registrar

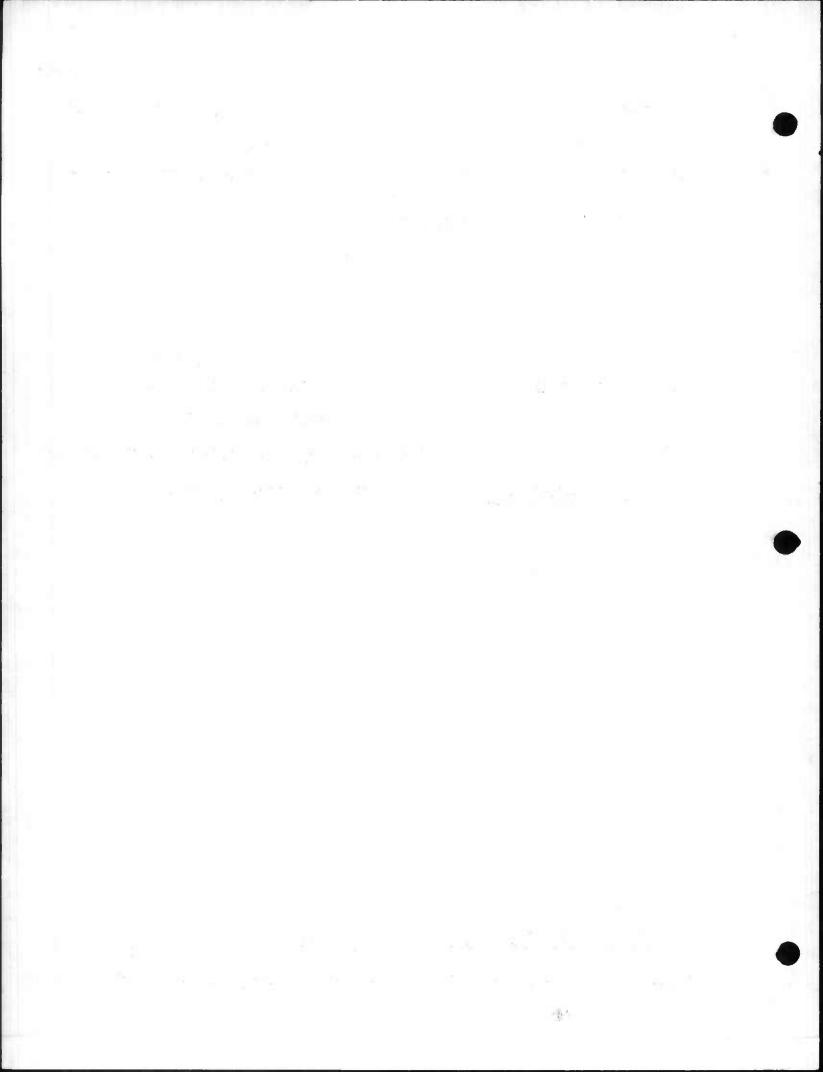
DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Dav **Physician** Month MARGARET 2:45 AM /Medical HENDERSON DEC. 25,1996 4b. City. Town, or Location of Deeth 4e. Facility Name (If not institution, give street and number) 4c. County of Death Examiner 6 Upland Road BALTIMORE If Under 24 Hrs. 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Hours 1□M 25 F Yrs Director 216-05-8557 March 3,1903 Maryland Usual Residence of Decedent the Maryland 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be notified at 1 XYes 2 □ No Directo Maryland n/a Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ŏ 6 Upland Road 21210 Herns 23a U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Marifel Stetus Pages 1 and 2 should be filed within 72 hours effer onent of Health and Mentel Hygiene.
Int: If Item 27 Ie merked other than "natural", or item yor other treumetic event, tre Medical Experimentry or other treumetic event, tre Medical Experimentry. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes XX No Specify: Specify: White Completed by 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Music Musician 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be George Julius Smith Clara Virginia Sauers 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 6 Upland Road-Baltimore, Maryland 21210 Carla Blair 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Steta Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Department of Important: If any injury or once. Druid Ridge Cemetery 12/28/96 Pikesville, Maryland 21. Signature Funeral Service Licer 22. Name end Address of Facility Money & King Funeral Home, Inc. 23a. Vari. Enter the disease, or complicators that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Applications on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Physician/Medical Examiner Dithicile The law requires that the death certificate be executed the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Last Due to (or es a consequence of): P.O. Box 68760, hbiotic Due to (or as a consequence of): 80 umorua been signed by the a should be detached f Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? fibrillation, Delerium 3 Probably 4 Unknown 1 Yes 2 No Records, Completed by 24b. Were autopsy findings aveilable prior to completion of cause of death? sideroblastic Aromia, Osteoporosis 24a. Was an autopsy performed? page 2 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: 25. Wes cese referred to medical examiner? Be 28. Plece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To After this filled in by the funeral 27. Manger of Deeth 28a. Date of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. fnjury at Work? Naturel 5 Pending Investigation To the Hospital or Attendif within 24 hours after deeth. To the Funeral Director: Al completely filled in by the fu 1 ☐ Yes deeth. 2 Accident 3 Sulcide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homloide 29a. Certiflei Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as afated.

2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. 29b. Signature and title of certifier, 29c. License number 29d. Defe signed (Month, Dey, Year) 30. Neme and address of person who completed ceuse of death (Item 23e) (Type, Print) 3601

State Registrar 31. Date filed (Month, Day, Year) DEC 2 7 1996 32 Registrar's Signature Julia Davidson



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene .40768 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death **Physician** Discourse 17 DOROTHY MARY HARDESTY 5:13 PM 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Year) **Funeral** Birthplace (State or Foreign Country) 1 ☐ M 2 🖾 F Yrs. Director 75 577-20-7574 May 27, 1921 Washington, D.C. Usual Residence of Deceden 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or Itema 23a or 28a-f show the Medical Examiner must be notified at 1 X Yes 2 No Director Maryland Montgomery Gaithersburg 10e. Street and Number 10f. Zin Coda 10g. Citizen of What Country? United States Funeral 20877 101 Odendhal Ave. 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: p Specify: 3 Widowed 4 □ Divorced White Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Sacondary (0-12) College (1-4or 5+) 12 permit. Pages 1 and 2 should be filed to Department of Health and Mental Hygis Important: If Item 27 is marked other 1 any Injury or other traumatic event. Administrative Secretary Federal Government 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Malden Surneme) John Vincent Malloy Joanna Roche 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Michael P. Hardesty/Son 274A 38th Street, Oakland, California 94611 20a. Method of Disposition 20b. Place of Disposition (Neme of cematary, crematory or other plece) 20c. Location - City or Town, State Date 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Mt. Olivet Cemetery 12/20/96 Washington, D.C. 22. Name and Address of Facility DeVol Funeral Home tura of Funeral Service License 10 East Deer Park Dr., Gaithersburg, MD. 20877 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onset and Death Physician Prolumina /Medical Immediate Cause (Final disease or condition rasulting in death) Examiner Examiner be executed pue Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Causa (Disease or injury that initiated evants resulting in death) Last Physician/Medical the Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? Dementia, Psychosis 1 No 3 Probably 4 Unknown signed l à Be Completed 24b. Ware autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? page 2 s certificate 1 ☐ Yes 2 ☐ No 25. Was case refarred to medical examiner? 26. Piace of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 ponpatient 2 □ ER/Outpatient 3 □ DOA 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Natural 5 Pending investigation 1 Yas 2 No 2 Accident 6 Could not be datarmined 3 Suicide Location (Street and Number or Rurel Route Number, City or Town, State)

Box 68760, P.O. Records, Division of Vital tal or Attanding Physician: The sefer death.

al Director: After this certificate led in by the funeral director, ps within 24 hours completely

Certification: edical

30 State Registrar

31. Date filed (Month, Day, Year)

29b. Signatur and title of certifier

4 D Homleide

29a. Cartifier

DEC 23

30. Nama and address of person who complated causa of death (Item 23a) (Type, Print) ACAW S. CHANAUS ISV5 Shade

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.

29c. License number

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29d. Date signed (Month, Dey, Year)

32. Registrar's Signatura lia Davidson

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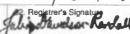
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Funeral Director		5. Social Security Number 577-05-8517 Usuel Residence of Decedent	Sex 1□M 2∏F	7. Age (In yrs 87	. last birthdi Yrs	Month	er 1 Yeer s Deys		Min. (Mont	h. Day. Y	(ear) 1909	9. Birth Cou Mary	piece (State otry) Land	e or Foreign
e Maryland	ctor	10e. Stete 10b. County MD Prince	George's		ity, Town or eenbel									City Limits
th with th	al Dire	10e. Street end Number 22 Ridge Road		10f. Zip C 2077							S.A.	What Cou	ntry?	
E	by Funeral Director	11. Meritel Stetus 1 ☐ Never Merried 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Wes Dece Armed Fo 1 Yes If Yes, Giv Yeer or De	rces? 2 🔯 No e	J,S. 1	If Yes, s	edent of lecify Cub	oan, Mexican, I	n? (Specify Yes Puerto Rican, etc	or No-		ca - Americ ck, White,		
within 72 ho ene. then "natur ne Medical I	Completed	15. Decedent's (Specify only highest g	Education rade completed) College (1	-4or 5+)	(G	cedent's Usive kind of the DO NOT	vork done	during most o	of working	16	ib. Kind of B	lusiness/In	dustry	
be filed withing that Hygiene. Ind other than event, the Market than the Market than the Market the	ge Re	10 17. Fether's Name (First, Middle, Las	ot)	•	Civi	lian	Offi	ce Work	CET s Neme (First, M		ndrews iden Suman		Force	e Bas
and Mental is marked or sumatic eve	2	Benjamin Frankl: 19e. Informant's Neme/Reletionship		rt	19b. Me	elling Addre	ss (Stree	-	E. Alve	-	City or Town	, State, Zip	Code)	
permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any injury or other tra		John J. Harrison 20e. Method of Disposition 1	☐Removel from :	Stere	Plece of Discemetery, of	sposition (A rematory o	eme of other pla		Road, Cr 12/28/96	20	Mary c. Location uitla	- City or To	wn, Stete	
permit. Depart Import any Inj any Inj any Inj		21. Signeture of Funerel Service Lic Claudet 23a. Pert1. Enter the disease, or co shock, or heart feiture. List on	te d.	Dasaused the dee	ch	Franc 4739	is G Balt	imore A	Sons Fu Avenue, ardiac or respirat	Hvat	tsvil		D 207 Approxim Interval B	letween
Physician /Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)	· M(utis	yster	~ 1	امنه	inve				1	Onset an	nth.
bet his	Examiner	Immediate Cause (Final disease or condition resulting in deeth) e. Multisystem tailure Due to (or es a consequence of): b. Alveroscleratic Heart Disease												
S Pring	cai Exal	Sequentially list conditions, If any, leading to immediate cause. Enter Underlying Cause (Disease or injury that injured cause).												
death certificata e attanding phys d for use as tha	INMedi	resulting In deeth) Last	I d	Due to (or es e cons	equence o):							
that the ed by th detache	by rnysician/Medi	Pert II. Other eignificant conditions	contributing to de		sulting in the	underlying	cause gi	iven in Pert I.	23b.	Did tobe	2 D No	_		e of death
has been sign the 2 should be	Completed								24a.	Wes an a performe		av	ere autops allable prio mpletion o death?	or to
cartificata ha irector, page		25. Wes case referred to medical						28 Place or	of Deeth (Check	1 Yes	2 DNO	1[Yes 2	□No
2 00	0	examiner?	Hospitei:	npatient 2] ER/Outpet	ient 3 🗆	OOA OI	hor:	ing Home 5		e 8 DON	ner (Specii	v)	
Attending Physic death. actor: After this by the funeral d		27. Manner of Death 1 Netural 5 Pending 2 Accident investigeti 3 Suicide 6 Could not	28e. Dete o	f Injury h, Day Year)	28b. Time injur	of V M	28c. Inju Wo 1	ryet ork?]Yes 2 □ No	28d. Desc	cribe how	injury occu	red		
3 5 m Q	۱ د	4 ☐ Homicide determine	d 286. Piece buildir	of injury - At h g, etc. (Speci	<i>'y)</i>				City	or Town, S				im <i>ber</i> ,
	Medical	29e. Certifier (Check only one) 1 ☐ €€rtifying F 2 ☐ Medical Exa	miner: On the ba end menn	sis of examine	owledge, de etion end/or	eth occurre investigation	d et the ti on, in my d	ime, dete end p opinion, deeth	place, end due to occurred et the	the caustime, dete	se(s) end m e end piece,	enner es e and due to	tated. the cause)(s)

29c. License number

D45435

110 Hospital Road, Prince Frederick, Maryland 20678

29d. Dete signed (Month, Day, Year)

December 27, 1996

State

31. Dete filed (Month, Dey, Yeer)
DEC 2 7 1996

Varkey Mathew, M.D.

29b. Signature end title of certifier

32. Registrer's Signature

30. Neme end address of person who completed cause of death (item 23a) (Type, Print)

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene

				Otate of Maryle		rtificate of			ig. No.	10 1	10//1
	Discolati		1. Decedent's Nama (First, Middia, Last					2. Data of Death Month		Year	3. Time of Death
	Physici /Medi		PAULINE E	LIZABETH	H A	ARRIS				1996	1:00 AM
)	Examir		4a. Facility Nama (If not Institution, giva	street and number)	100	9	4b. City, Town, or Lo	ocation of Death	4c. County	of Death	
			7820 Hanover	Parkway,	#203		Greenbe			ce Geo	
1	Funeral		5. Social Security Number 6. Se 15 15 15 15 15 15 15 15 15 15 15 15 15		rs. last birthday) 0,4 Yrs.	If Undar 1 Yaar Months Days	If Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day,	Year)		a (Stata or Foreign
	Director		Usual Rasidance of Dacedant	^	74 11.5.			07 25	1902	Tenne	ssee
	A Mand		10a. Stata 10b. County	10c.	City, Town or Lo	cation				10d.	Insida City Limits
	May 2 de la la la la la la la la la la la la la	to	Maryland Prince Ge	orge's (Greenbel	t					1 ☑ Yas 2 ☐ No
	or 28	Sirec	10a. Street and Number			10f. Zip Coda		10	g. Citizan of V	What Country	7
	death with the Maryland rns 23a or 28a-f show r.must be notified at	la	7820 Hanover Pa	rkway, #203		20770	0		U.S.A.		
		Funeral Director		12. Was Decedant Evar in Armed Forcas?	1 U,S. 13.	Was Decedant of H f Yas, specify Cube	lispanic Origin? (Span, Maxicen, Puerto	ecify Yas or No- Rican, atc.)		a - Amarican ck, Whita, atc.	
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yla	hould b d Ments marked metic e	To	William Brown				Hattie	Broyles	3		
Maryland 21215-0020	2 개 보 글		19a. Informant's Name/Raiationship (Ty				and Number or Rura				
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Baltimore,	0.50		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ F	lamovai from Stata	cematary, crar	sition (Nama of natory or other place	ce) 1:	2/31 .	Oc. Location -		
븚	nit. Page autment o ortant: If injury or &		4 Donation 5 Othar (Specify)	IMa	ryland	National	Ceme.	996	aurel.	Maryl	and
Ba	Depa Impo		21. Signature of Funaral Sarvice License		Ĵ	.B. JENK	INS FUNER	AL HOME			
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			23a. Part1. Entar tha disaasa, or compi shock, or haart fallura. List only or	na causa on aach lina.	aath. Do not ent	ar tha moda of dyir	ng, such as cerdiac d	or raspiratory arra	St,	Int	pproximata tarval Between nsat and Death
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Ц		ner		Dua to	7 (OI &S & COIISEC	parice or).					
	nd man	Examiner	Sequantially list conditions,	Dua to	o (or as a conseq	uance of):					
30,	be execut sician and burial-tran		Sequantially list conditions, if any, laading to immadiate ceusa. Entar Underlying Cause (Disaasa or injury that initiated evants							į	
68760,	2 22	edical	that initiated evants rasulting in daath) Last	Dua to	(or as a conseq	uance of):					
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P.O.	9 9 9	ysi	Part II. Other significant conditions con	1///	_		/				e cause of death?
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Vital Records,	requires that een signed b hould be delt	d be	2011 + R//	.// >	1	Renal		24a. Was an		24b. Wara	autopsy findings
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n of	neral meral	. 1	27. Mannar of Death 1 ☑ Natural 5 ☐ Pending	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. Injur Wor	y at k?	28d. Dascribe ho	w Injury occur	red	
sio	death. ctor: Al	catic	2 Accidant invastigation			M 1 🗆	Yas 2 □ No				
Division	4 2 2 0	Certification:	3 Suicida 6 Could not be datarminad	28a. Place of Injury - Al building, atc. (Spe	t homa, farm, str. ecify)	aat, factory, office		28f. Location (Str City or Town,	eet and Numb , Stata)	er or Rural R	outa Number,
-	Hospital 24 hours a Funeral D 4sky tilled		29a, Cartifiar 1 Certifying Phys	delay Tarka base of any l							
,	To the Hospital or within 24 hours after To the Funeral Direction completely tilled in	edicai		sician: To the best of my k ner: On the basis of exami and mannar stated.	ination and/or inv	astigation, in my o	plnion, daath occurr	ed at tha tima, da	ita and place,	and dua to the	a causa(s)
/	To the Ho within 24 To the Fu	Me	29b. Signature and titla of cartifier	0	,	29c. Licans	a number	29	d. Data signe	d (Month, Da)	y, Year)
	5 5 5 W		SIFTER	Coverino	Physics	an 1)	3/001		12	126/8	76
			30. Nama and addrass of person who co Strort Turker	emplated causa of death (II	tam 23a) (Type,	Print) 7500	0 6.000	may (catr.	Dr. A	£430
			Stuort Turker	vitz, M.D		Gree	in belt	Md.	2077	0	

State Registrar

Division of Vital Records, P.O. Box 68760,

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State of Maryland / Department of Health and Mental Hygiene 96

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3. Time of Death
1996 4:20 p
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10d. Inside City Limits
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Approximate Interval Between
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24b. Were autopsy findings available prior to completion of ceuse
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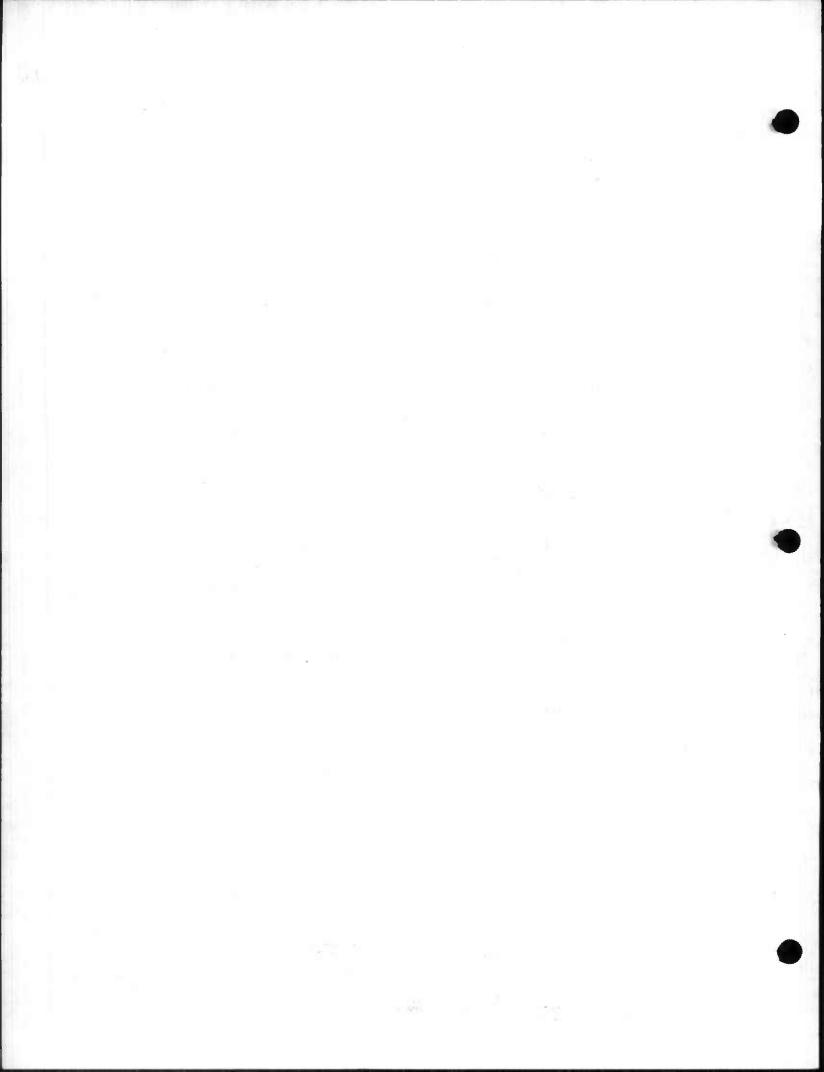
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State of Mary	iand / Departmei	nt of Health ar	nd Mental Hygien

					State of	Maı	ryland /				lealth and <i>Death</i>	Mental H	ygiene Reg. No.		96 1	+0773
	Physic	an	1. Decedent's Name (First, M	ddla, Lasi	1)							2. Data of D	aath Day		Year 3.	Time of Deeth
	/Medi		John E									Dec.	15,	1996	5 8	3:30 A.N
7	Examir	er	4a. Facility Name (If not institu								4b. City, Town, o		·	County		
H-	V and Constitution		11751 Che. 5. Social Security Number	6. Se			(In yrs. last	hirthday)	If Under		pper M. If Under 24 Hr)		e Geor	_
	Funeral Director		212-16-8230 Usual Residence of Decedent	4.0	ŽM 2□ F		78	Yrs.	Months	Days	Hours Mir		ay, Year) 3 / 1 7		Country) Maryl	(State or Foreign and
	wor		10a. State 10b. Cou	nty		1	10c. City, T	own or Loc	ation						10d. lr	nside City Limits
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	ath with the Marylen 23s or 28s-f show	al Director	10e. Street and Number 11751 Che	elte	nham E	₹d.			10f. Zip (Code 0 7 7	2			S.A	hat Country?	
020	her des	by Funeral	11, Marital Status 1 ☐ Nevar Married 2 ☐ M 3 ☐ Widowed 4 🖔 Divord		12. Was Dece Armed For 1 Yes If Yes, Giv. Yaar or Da	ces? 2 🔼 No a		11	/as Decede Yes, speci □ Yas 2	ify Cuba	lispanic Origin? (an, Maxican, Pue Specify:	Specify Yes or Norto Rican, etc.)		Biack	- Amarican In c, White, etc. Blac	
Baltimore, Maryland 21215-0020	d within 72 hours jiene. r than "naturei", the Med gal En	Be Completed	15. Dece (Specify only hig Elementary/Secondary (0-1: O N	hest grad	icati <i>on</i> le complatad) College (1	-4or 5+)		6a. Decede (Give k life. D	ind of work O NOT use	k done i e retired	ation during most of wi d)	orking			siness/Industry	
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lan	12 should be filed v n end Mental Hygie is marked other t reumatic event, th	To Be			Harpe	er						ra Cont		0 01110	7	
ary	d 2 should th end Mer 7 is marke traumatic	-	19e. Informant's Name/Relation	nship (T)	rpe, Print)		1	9b. Mailing	Address	(Street	end Number or f	Ru <i>ral Rou</i> te Num	ber, City or	Town, S	State, Zip Code	9)
Σ.	end 2 ealth n 27 i		Alice M. Ne	ewma	n/Sist	er			as		10 abo	ve				
imore	permit. Pages 1 end 2 Depertment of Health e Important: If Item 27 is any injury or other tra once.		20a. Method of Disposition 1 ☐ Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other			State	ceme	of Dispose etery, crements nony	etory or oth	her plac	æ) ark 12,	/19/96			city or Town, s ver, Md	
Balt	permit. Dependimport Import any inj		21. Signature of Funerel Servi			ra	d	1	H.S.F	Was	ss of Facility hingto rrough					
	Physician		23a. Part1. Enter the disaase shock, or heert feilure. L	or compi ist only o	ications that ca ne cause on ea	used thach line.	ne daath. D	o not ente	r the mode	of dyin	ng, such as cardie	ac or raspiratory	arrest,		Inter	roximate val Between at and Death
-11	/Medical Examiner		Immediate Causa (Final disease or condition resulting in death)		meta	asta	tic o	ance	r to	the	bones	from lu	ng		we	eks.
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	uted	Examiner			Mod		-		1		d squamo	us cell	carc	inom	a Mo	nths.
ó	an en	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury				ue to (or as				lungs.				37 -	
68760,	tificate be executed g physician end es the buriel-transit	redical	Ceuse (Disease or injury that initieted events resulting in death) Last	1		Du	e to (or as	a consequ	ence of):		onary di					ars.
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	the death by the etter	/sici	Part II. Other significant cond	itiona cor	ntributing to dea	ath but r	not resulting	g in the und	dertying ca	use giv	en in Part I.	23b. Dic	tobacco i	uss cont	tributs to the	cause of death?
s, P.O	s that the	by Ph	_left caroti	dart	ery oc	clus	sive o	ises	se mo	re	than 79%	1)2	Yes 2[□ No	3 Probably	4 Unknown
Division of Vital Records,	r requir been s should	Completed	Severe dege	nerat	tive jo	int	disea	ase.					s an autop: ormed?	sy	available	utopsy findings e prior to ion of causa ?
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/ita		Be	25. Was case referred to medi examiner?									eth (Check only				
of	this ald	To	1⊕ Yas 2□ No			patient				Oth	er: 4 Nursing	Home 5 XRes	idenca 6	Other	(Specify)	
on	After funer	tion	27. Magner of Death 1 □ Natural 5 □ Pen	ding stigation	28a. Date of (Month)	, Day Y	'ear) 280	o. Time of Injury	м 28	C. Injun	yat k? Yes 2 □ No	28d. Describe	how Injury	occurre	od	
Divisi	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 ☐ Suicida 6 ☐ Cou		28e. Placa o buildin	of Injury g, etc. (- At home, Specify)	farm, stree				28f. Location City or To	(Straet end wn, Stete)	/ Number	r or Rural Rou	ta Number,
П	apitai nerai y fillec		29a. Certifier 1 Certif	ing Phys	sician: To the b	est of n	ny knowied	ge, deeth o	occurred at	t the tim	ne, date and plec	e, and due to the	cause(s)	and men	ner as steted.	
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-	Registra		DEC 2		6 4	ia of	Signature	Kardal	Ľ,							

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 803 Hamer **Physician** Month ames December /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** HOSPITAL PRINCE RINCE GEORGES GEORGES HEVERLY 5. Social Security Number If Under 1 Yaar | If Under 24 Hrs. 7. Aga (In yrs. last birthday) 8. Deta of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Deys Months Hours 12 M 2 □ F 577-68-4626 Yrs. WASH, DC Usuel Rasidanca of Dacedant 10a Stata 10c. City, Town or Location 10d. Insida City Limits PRINCE GEORGES Director KIVERDALE 1 Pras 2 □ No 10f. Zip Coda 10g. Citizan of What Country? GREENVILLE 20737 Completed by Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas ♣ No If Yas, Giva Yaar or Datas: Was Dacedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 1 Naver Marriad 2 Merried 1 ☐ Yas 2 No 3 ☐ Widowed 4 ☐ Divorced BLACK 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Coiiana (1-4or 5+) ANALYST NASA SYSTEMS 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Be JAMES HAMER O' NEAL EULAH 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) SISTER AROUNE 62017 NORTHERN SPIVEY TEMPLE HILLS MD 20785 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 175 Buriel 2 Cramation 3 Ramovai from Stata GLENWOOD CEMETERY 12/21 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvica Licansas STEPLING FUNERAL SERVICE WASHINGTON DC 20019 23a. Part T. Errar tha disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Bet Onset and I Immediata Causa (Finei disaasa or condition resulting in daath) Examiner Sequantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated evants rasulting In daath) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Part ff. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part II. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown þ Completed 24b. Wara autopsy findings evailabla prior to completion of cause of daath? 24a. Was an autopsy performed? 1 □ Yas 2 □ No 25. Was casa raferred to madical axaminar? 26. Placa of Death (Check only one) Othar: 4 Nursing Homa 1 Yas □Inpatiant 2□ER/Outpetient 3□ DOA 5 ☐ Rasidanca 6 ☐ Othar (Specify) 28a. Data of Injury (Month, Day Year) 27 Mapner of Death 28d. Dascribe how Injury occurred 28b. Tima of 5 Panding invastigation Natural

Hospital or Attending Physician: The law requires that the death certificate be executed 24 hours after death.

Funeral Director: After this certificate has been signed by the attending physician and the burial-transit P.O. Box 68760, physician ed by the attending detached for use as signed by Division of Vital Records, page 2 should be peeu this certificate has director, Be 2 Certification: To the Hospital or Attendir, within 24 hours after death.

To the Funeral Director: Al completely filled in by the fu

Funeral

Director

ns 23a or 28a-f show

nit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland cornent of Health and Mental Hygiene, ortant: If item 23 is marked other than "natural", or items 23e or 28e4 show injury or other traumatic event, the Medical Experiment and the noticed at

permit. Page Department of Important: If any Injury or

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

28c. Injury at Work? 1 | Yas 2 | No

28a. Place of Injury - At homa, farm, streat, factory, office building, afc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated.

29a Certifian To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and mentioned as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. Licansa number

30. Name and ago

6 Could not be datarmined

Hospita

State Registrar

Medical

31. Data filed (Month, Day, Yaar)

2 Accident

3 Suicide

4 Homicida

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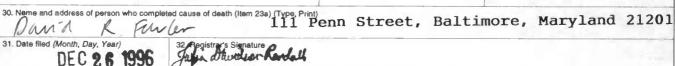
State of Maryland / Department of Health and Mental Hygiene 96

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					Cei	rtificate of	Death		Reg	No.	90	40113
Physicia /Medic		Decedent's Name (First, Middle, JOHN	DANI			JOI		Mon DE	C	Day 18 1	Year	3. Time of Death 5:00 P
Examin	er	4a. Facility Name (If not institution, MARYLAND SHO)					4b. City, Town	n, or Location of	Death	4c. County	of Death	
Funeral Director		5. Social Security Numbar 214 78 0564 Usual Residence of Decedent	6. Sex 1⊠ M 2□ F	7. Age (<i>In yr</i> s 36	. last birthday) Yrs.	If Under 1 Yea Months Days		Min. (Mor	of Birth th, Day, Y h 8,		9. Birthplac Country Ohio	e (State or Foraign
tal show	ctor	10a. Stata 10b. County Maryland N/A		10c. C	ity. Town or Lo Baltim						10d	. Inside City Limits 1 Yes 2 No
23a or 26	rai Directo	10e. Street and Number 3800 Eastern Av	enue			10f. Zip Code 2122	:4		109		What Country	?
	by Funeral	11. Marital Status 1 ☑ Never Married 2 ☐ Marrie 3 ☐ Widowed 4 ☐ Divorced	12. Was Dece Armed For 1 Tes If Yes, Give Yaar or Da	ces? 2 🔼 No 9		Was Decedent of f Yas, specify Cu 1 ☐ Yes 2 🖾 No		n? (Specify Yas Puarto Rican, e	or No-		ca - American ck, White, ato y: Whit	
han 'natur	Completed	15. Decedent's (Specify only highest Elementary/Secondary (0-12)	grada completed) Coilege (1-	4or 5+)	16a. Deced (Give life. L	dent's Usuel Occu kind of work done OO NOT use retin	upation a during most o ed)	f working	16	b. Kind of B	usiness/Indus	
is marked other than aumatic event, tre M	To Be Co	17. Father's Name (First, Middle, L Albert Jackson	,		Entre	penuer		Name (First, M	Aiddle, Ma	dvert		1100
27 is mark r traumati		19a. Informant's Name/Relationshi Marie E. Hernan	p (Type, Print)			ng Address (Stree	et and Number	or Rural Route	Number, C			ode) and 21403
- 2		20a. Method of Disposition 1 ☐ Buriai 2 ☑ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe	B □Ramovai from S	state	Piaca of Dispo cemetery, cren	sition (Name of natory or other pl	ace)	Date	200	c. Location -	- City or Town	, State
important: if its any injury or of		21. Signature of Funeral Servica Li 23a. Part1. Enter the disease, or c shock, or heart fellure. List or	Vans;	Pires	Re 11	tan Crem Name and Addr Obert E. 6000 Ann er the mode of dy	Evans apolis	Funeral Road Bo	l Hom	e, P.A	A. land 20	0715
nysician Medical xaminer		shock, or heart feilure. List of Immediate Ceuse (Final disease or condition resulting in death)		end	In Corres e consequence	uries					in	terval Between nsat and Death
and I-transit	Examiner	Sequentially list conditions, if any, leading to limited	b		or as a conseq			_				
as the bur	Medical E	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disaase or injury that initieted events rasulting in death) Lasf	c	Due to (d	or as a consequ	uence of):						
itendi or use	Physician	Part it. Other significant condition	da contributing to dea	ath but not res	sulting in the ur	nderlying cause g	ivan in Part i.	23b	. Did toba	cco usa co	ntribute to th	e cause of death?
bed .	2		-					240	1 ☐ Yes . Was an e	2⊕No		dy 4 ☐ Unknown
ate has been si page 2 should t	Completed							_	pertormed	1?	comp of dea	ble prior to letion of cause lth?
	De C	25. Was case referred to medical	T				26 Please of	Dogth (Chack	1 Yas	2 ∐ No	147	es 2 No
	0	examiner? 11☑ Yes 2☐ No	Hospital:	patient 2	ER/Outpatien	3 DOA O	hor	Death <i>(Check</i> ing Ho <i>m</i> a 5 □		6 DOth	ar (Specify)	
Aftar ti	Certification: 1	27. Manner of Death 1 □ Natural 5 □ Pending 2 ☑ Accident investige	28a. Date of (Month tion 12 - 1		28b. Time of tnjury	28c. Inju		28d. Des	cribe how	Injury occur	red	e collisa
3 6 = -		4 Homicide determin	ed 286. Placa 6 building	g, etc. (Special Loud	living	eet, factory, office		R	or Town, S	itate)	per or Rural R	
the Fun	edical		Physician: To tha b aminer: On the bas and prante	is of examina	owiedge, death ation and/or inv	occurred at tha frestigation, in my	me, date and popinion, death	place, and dua to occurred at the	o fha caus time, date	e(s) and ma and place,	anner as state and due to th	d. e cause(s)
ompl	Σ	29b. Signatura and title of certifier	621			29c. Licen	se number		29d.	Data signe	d (Month, Day	v. Year)

State Registrar

31. Date filed (Month, Day, Year) DEC 26 1996



O.C.M.E

DECEMBER 19,1996

and the second

State of Maryland / Department of Health and Mental Hygiene 40776 Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day **Physician** Year Hanes Jahnson 1996 UPC 22 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Unnapolis of Unnapolis Ir If Under 24 Hrs. 8 urunder Unrisc 5. Social Security Number 6 Sex Birth Day, Year)
19,1918
9. Birthplace (State or Foreign Country)
Georgia 7. Age (In yrs. lest birthday) **Funeral** 1□M XXF Months Days Hours 252 18 4551 78 Yrs. Director Oct. Usual Residence of Decedent a or 28a-f show 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits XXX Yes 2 No Director Maryland Prince George's Bowie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? "natural", or items 23s 3500 Malec Lane 20715 United States Funeral death 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 200No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Biack, White, etc. 11. Marital Status filed within 72 hours after 1 ☐ Never Married XIX Married 1 Yes 2€XNo Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) than Elemantary/Secondary (0-12) Coilega (1-4or 5+) Hygiene. 12 Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) . Peges 1 and 2 should be fill ment of Health and Mental Hant: If them 27 is marked oth jury or other traumatic even Be George T. Lowe Mary R. Gassman 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) Wrennie W. Johnson Husband 3500 Malec Lane Bowie Maryland 20715 20a. Method of Disposition 20b. Place of Disposition (Nema of cametery, cremetory or other place) 20c. Location - City or Town, State ★ Burial 2 Cremation 3 Removal from Stata permit. Pege Department of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) Arlington National Cemetery 12/27/96 Arlington Virginia 21. Signature of Funeral Service Licansee 22. Name and Address of Facility Robert E. Evans Funeral Home, P.A. (varus 16000 Annapolis Rd. Bowie Md. 20715 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one causa on each line. Approximata Interval Betw **Physician** Immediate Cause (Final disease or condition resulting In death) LUNG CANCER /Medical 21 MONTHS Examiner Due to (or as a consequenca of): Sequantially list conditions, it any, leading to Immediate causa. Entar Underlying Causa (Disease or injury that initiated evants resulting in death) Last Dua to (or as a consequence of): pital or Attending Physician: The law requires that the death certificate be usurs effer death.

we'al Director: Affor this certificate has been signed by the ettending physician filled in by the tuneral director, page 2 should be detected for use as the bunning the content of the content o Physician/Medicai Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? PULMONAN CHNONIC OBSTRUCTIVE 1 Yes 2 No 3 Probably 4 Unknown ð Dise Ase Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was casa referred to medical axaminer? Be 26. Placa of Death (Check only one) To Other: Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Natural 5 Panding investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 28a. Piace of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide Mospital on 24 hours of the Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and dua to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and placa, and dua to the cause(s) and manner stated. Medical 29a. Certifier To the within to the 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 29c. License number Dec 24, 1996 VA 0101043187 PULMONARY DIVISION INNMC BETHES DA. MO 7.0889 30. Nama and address of person who complated cause of death (Item 23a) (Type, Print)

State Registrar

31. Date filed (Month, Day, Year) **DEC 26**



BETHESON, MO 2088

21215-0020

Baltimore, Maryland

P.O. Box 68760.

Records,

Division of Vital

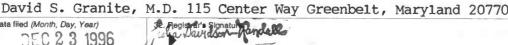
State of Maryland / Department of Health and Mental Hygiene 9 6

						Certif	ficate of	Death		F	leg. No.		70	111
		JAN.	1. Decedent's Neme (First, Middle, La	ast)						2. Dete of Dee Month	th	V	3. Tim	e of Death
ı	Physic /Medi		Caroline	Johnson						12	2 1	96	11	:30AM
9	Exami		4a. Fecility Neme (If not institution, gir					4b. City, To	wn, or Loc	cation of Deeth	4c. County	of Deeth		
			1077 Largo 1	Road, #11:	1		ţ			lboro	Princ	e Ge	org	e's
	Funeral Director			Sex 7. Age 1 □ M 2 🖾 F	(In yrs. lest birt		f Under 1 Year lonths Deys		24 Hrs. Min.	8. Dete of Birth (Month, Dey 03-25	, Year) -30	9. Birthpi Count Mar		nd
	fand ow		10a. Stete 10b. County		10c. City, Town	or Locati	ion					10	0d. inside	e City Limits
	the Many 28a-f sh	ector	MD Prince	George's	Upp		farlbo	ro			log. Citizen of	Affrai Cours		Yes 2 No
	ath with	Funeral Director	1077 Largo F				•	207			U	SA		
0200	filed within 72 hours after death with the Maryland Hygiene. Ther than "natural", or hama 23a or 28a-f show ent, the Medical Examiner must be notified at	by	11. Meritel Stetus 1 Never Merried 20 Married 3 Widowed 4 Divorced	12. Wes Decedent Ev Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:	Carlle L.		s Decedent of es, specify Cut Yes 2X No			cify Yes or No- Rican, etc.)	14. Rac Ble	ce - America ck, White, e y: B1		
5-(72 h	Completed	15. Decedent's E (Specify only highest gr	ducation ede co <i>mpleted)</i>	16a.	(Give kind	t's Usuel Occu d of work done	during mos	t of workin	ng	16b. Kind of B	usiness/Ind	Justry	
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Maryland 21215-0020	S is b >	To Be	Mathew Gree					TO. MOUN		zer P		10)		
lar	d 2 should th and Mer 7 is marke treumatic		19e. Informent's Neme/Reletionship							Route Numbe				
	f Health frem 27 other to		James M. John	son/Son				Lane	, Up	per M				
Baltimore,			20e. Method of Disposition 1 Buriai 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Speci			y, cremeto	on (Neme or ory or other pla 1emori		k. 1		Lando			
Balt	permit. Page Department of Important: If eny injury or once.		21. Signeture of Funerel Service Lice	- 1		J.		nkin	s Fu	neral				
			23e. Pert1. Enter the dis ese, or com shock, or heert feilure. List only	pilcetions thet caused the	ne deeth. Do n	not enter th	/4 Lan he mode of dy	Idove Ing, such es	cardiec o	ad, La	est,	r, M	Approxir	0785 mete Between
	Physician /Medical Examiner	ner	immediate Cause (Finel disease or condition resulting in deeth)	e. Carci	noma ue to (or es e c		_							nd Deeth
o,	icate be executed physician and s the burial-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enier Undertying Cause (Disease or injury	b. De	ue to (or es e c	consequen	nce of):							
Box 68760,	certif oding use e	n/Medical	Cause (Disease or injury thet initieted events resulting in death) Lest	d	ue to (or es e c	onsequen	ce of):							
P.O. B	that the death ce ted by the attendi detached for use	Physician/	Pert ii. Other significant conditions of	contributing to death but	not resulting In	the under	rlying cause gi	ven in Pert i	i.		obacco use co			se of death?
	8 5 8	by												
of Vital Records,	2 S S	Completed								24e. Wes a perfor	in autopsy med?	eva	aileble pri	esy findings ior to of cause
R	age de de	COL								1 🗆 Y	es 21/2 No	10	Yes 2	2□ No
/ita	certifical rector, p	Be (25. Wes case referred to medical exeminer?					26. Place	of Deeth	(Check only or	ne)			
7	Physician: this certific ral director,	2	1 No 2 No		2 ER/Out	tpetient	3LI DOA		rsing Hon	ne 5 🖸 Resid	ence 8 Oth	er (Specify	1)	
	After fune	Certification:	27. Menner of Deeth 1 Mathematical Structures Structur		/ear) 28b. T	njury	28c. Inju Wo M 1	iryet ork?]Yes 2□		8d. Describe h	ow injury occur	red		
Division	s after death	Certific	3 Suicide 6 Could not be determined	28e. Pleca of Injury building, etc.		rm, street,	fectory, office		2	8f. Location (S City or Tow	treet end Numb n, Stete)	per or Rura	/ Route A	√um <i>ber</i> ,
)	To the Hospital or Attent within 24 hours after deatl To the Funeral Director: completely filled in by the	edicai (29a. Certifier (Check only one) 1 Certifying Pt 2 Medical Example (Check only one)	nyelcian: To the best of r ninar: On the besis of e end menner stete	xaminetion end	, deeth occ d/or invest	curred et the ti igetion, in my	ime, dete en opinion, dee	d piece, e	nd due to the cod et the time, d	euse(s) end m lete end piece,	enner es st end due to	eted. the caus	se(s)
	To the Ho within 24 To the Fu completel	M	29b. Signature end title of confiller	1	_		29c. Licen			2	9d. Dete signe	d (Month, L	Dey, Yea	r)
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			30. Neme end eddress of person who 6492 Landover	Road, Ch	everly			85				1 1		
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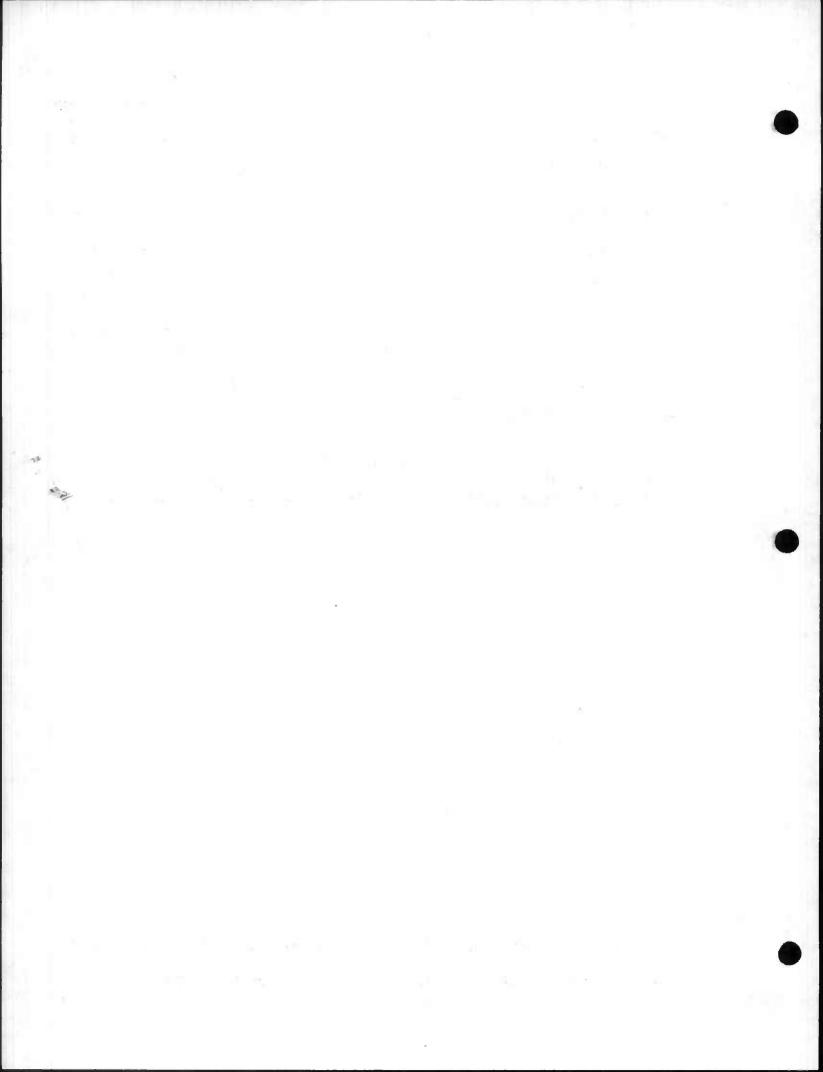
State of Maryland / Department of Health and Mental Hygiene 40778 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Death **Physician** 18, 1996 George Jones December 1:00A. /Medical 4e. Fecility Name (If not institution, giva streat end number) 4b. City, Town, or Location of Daeth 4c. County of Death **Examiner** 113 Northway Greenbelt Prince George's 5. Social Sacurity Number If Undar 1 Year if Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) August 16,1930 Springle California 7. Aga (In yrs. lest birthday) 9. Birthplace (Steta or Foraign **Funeral** Deys XXM 2 F Hours 577-40-8758 66 Yrs. Director Usual Rasidence of Decedant the Maryland 10e. Steta 10b. County 10c. City, Town or Location 10d. insida City Limits 28a-f show r than "naturel", or items 23s or 28s-f show the Magical Examiner must be notified at Maryland Prince George's Greenbelt Director tX Wes 2 □ No 10e. Street and Number 10f. Zip Coda 20770 10g. Citizan of What Country?
United States death with 113 Northway Funeral 12. Was Dacedant Evar in U,S. Armad Forces? 1 ☐ Yas 2 DNo If Yas, Giva Yaar or Datas: 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puarto Rican, etc.) filed within 72 hours efter 1 Navar Merried XX Marriad 21215-0020 White 1 ☐ Yas 2 📉 Xio Specify Completed by 3 Widowed 4 Divorced 15. Decedant's Education 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry (Specify only highest greda complated) Coliaga (1-4or 5+) U.S. Government Elamantary/Secondary (0-12) i. Pages 1 and 2 should be filled wi tment of Health and Mental Hygien tant: If item 27 Is marked other th fury or other traumatic event, Inc. Physicist Defense Department Baltimore, Maryland 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be George Michael Jones Edna C. Hannibal 19a. informant's Name/Ralationship (Typa, Print) 19b. Malling Addrass (Straat and Numbar or Rural Routa Number, City or Town, State, Zip Coda) Jeanne C. Jones (wife) same as #10 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City or Town, State XXBurial 2 Cramation 3 Ramoval from State permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Othar (Spacify) Greenbelt City Cemetery 12/21/1996 Greenbelt, Maryland 21. Signature of Funaçal Şarvica Licey Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Road Beltsville, Md. 5W 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrast, shock, or heart failure. List only one mose on each line. Approximeta Intarval Batwaan Onset and Death Physician /Medical Immedieta Causa (Final retastatic Hypernephrousa disaasa or condition rasulting in daath) Examiner The law requires that the death certificate be executed **bunial-transit** Sequantially list conditions, if any, laading to immadiate causa. Entar Underlying Causa (Disaasa or Injury that Initiated avants rasuiting in daath) Lest Dua to (or as a consequence of): P.O. Box 68760, Physician/Medical the Due to (or as a consequance of): USB 85 Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wara autopsy findings avellebla prior to complation of cause of death? Be Completed 24a. Was an autopsy parformed? peed : has 1 □ Yas XX No 1 Yas XXNo After this certificate Attending Physician: 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Other: 4 Nursing Homa XX Rasidanca 6 Other (Specify) 2 1 Yas 2 1 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred Certification: 28b. Tima of 28c. Injury et Work? 1 Natural 5 Panding invastigation death. 1 ☐ Yas ŽQNo 2 Accidant after death Director: filled in by the 3 Sulcide 6 Could not be datarminad 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Hospital 24 hours a 24 hours cal 1 Certifying Phyelcian: To tha best of my knowledga, daath occurred at tha tima, data and piece, and dua to tha causa(s) and mannar as stated. 29a. Certifian To the Hosp within 24 hou To the Fune completely fi 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medic 29b. Signatura and title of cartiflar 29c. Licansa numbar 29d. Dete signed (Month, Day, Year) Eaut ous December 18, 1996 30. Nama and address of person who complated causa of daath (itam 23a) (Typa, Print)

State

31. Data filed (Month, Day, Year) DEC 2 3 1996



Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Death Month Day Zo, 1996 **Physician** WAYNE JENNINGS /Medicai 4a. Fecility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Prince George's Hospital Center Cheverly Prince George's 7. Age (In yrs. last birthday) If Under Months Hours Min. 8. Date of Birth (Month, Day, Year) 08-31-1953 5. Social Security Number If Under 1 Yaar Birthplaca (State or Foreign Country) **Funeral** 1⊠M 2□ F Days 43 Director 216-60-3155 Washington, DC Usual Residence of Decadent r 28a-f show 10c. City, Town or Location 10b. County 10d. insida City Limits Maryland Prince George's 1 X Yas 2 □ No Capitol Heights 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of Whet Country? 23a or 7 is marked other than "natural", or items 23a or traumatic event, the Medical Examiner must be 7028 Canyon Drive 20743 U.S.A. Funeral 13. Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puerto Ricen, atc.) 14. Rece - American Indian, Black, Whita, atc. 12. Was Dacedent Evar in U,S. Armed Forcas? 1 A Yes 2 □ No 11. Marital Status 2 should be filed within 72 hours after and Mental Hygiene. Is marked other than "natural", or ite 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 Black If Yas, Giva Yaar or Datas: 1 ☐ Yas 2 X No Specify: Completed by 16e. Dacadant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacadant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentery/Secondery (0-12) Coilege (1-4or 5+) Private Entrepreneur 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Neme (First, Middle, Malden Sumame) James Jennings Georgie L. Jenkins 19a. Informant's Name/Ralationship (Type, Print) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 Is m any Injury or other traum once. 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20743 Georgie L. Jennings/Mother 7028 Canyon Drive, Capitol Heights, Maryland 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Mathod of Disposition Data 12/27 20c. Location - City or Town, State 1 XBurial 2 ☐ Crametion 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Harmony Memorial Park Landover, Maryland 1996 21. Signeture of Funaral Servica Licensaa 22. Nama and Address of Fecility A. Percentie Nancon J.B. JENKINS FUNERAL HOME 23a. Part1. Enter the disease, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiretory arrast,

Approximate **Physician** /Medicai immadiata Causa (Final disaasa or condition rasulting in daeth) Cardine arresT minutes 10 Hours Examiner Dua to (or as e consaquanca of) Physician/Medical Examiner Possible in filtraling Disense (infortions) pital or Attending Physician: The law requires that the death certificate be executed ours after death.

The certain and a prector: After this certificate has been signed by the ettending physician and filled in by the intensit director, page 2 should be deteched for use as the bunk-transit filled in by the intensit director, page 2 should be deteched for use as the bunk-transit Sequantially list conditions, if any, leeding to immadiata cause. Enter Undarfying Cause (Disaase or injury that initiated evants rasulting in deeth) Last P.O. Box 68760. Dua to (or as e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown prumo w. Records, þ 24b. Were autopsy findings evellabla prior to completion of cause of death? 24a. Was an autopsy Completed 1 A. fois 1 Yas 2 PINO 1 ☐ Yas 2 ☐ No Division of Vital 25. Was case rafarred to medical axaminar?
1 ☐ Yas 2 ☑ No Be 26. Placa of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidence 8 Othar (Specify) P 1 bolnpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death Medical Certification: 28a. Deta of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Pending invastigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be detarmined 3 Sulcida 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida To the Hospital o 29a. Cartifier 1 Propertifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the ceuse(s) and manner stated. 29b. Signatura and title of certifiar 29c. Licansa number 29d. Deta signed (Month, Day, Year) 30. Nama and eddress of person who complated cause of death (Itam 23a) (Type, Print) 12/22/96 7305 Hanour Parkway Grunbilt mo 20770 31. Dete filed (Month, Dey, Year) DEC 2 7 1996 32. Ragistrar's Signetura State ale stander to Registrar

A was on the way

State of Maryland / Department of Health and Mental Hygiene

96 40780

Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month **Physician** Mary U. Jackson 19,1996 6:07 P.M. Dec. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Manor Care Nursing Home, Wheaton Silver Spring Montgomery 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Dete of Birth (Month, Pay, 1 5/3/10 9. Birthplace (State or Foreign Country)
Maryland **Funeral** 1□M 20 F Months Days Hours 86 Yrs. 579-24-1643 Director Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits Examiner mant be notified at Prince George's Temple Hills Md. Director 1 No 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 23a or 3001 Branch Ave. # 108 20748 U.S.A. death Funeral Herra: 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married 0 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Black by 3 Nidowed 4 Divorced netural", Be Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) å 12th Laundry Worker D.C. Government 17. Fether's Name (First, Middle, Last) permit. Pages 1 and 2 should be filt.
Department of Health end Mental Hy
Important: If Item 27 Is marked oth
any Injury or other traumatic event 18. Mother's Neme (First, Middle, Maiden Surname) Joseph H. Giles Mary A. Coffer 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Shirley D. Pratt/God-daughter 806 Clovis Ave., Cap. Hgts., Md. 20743 20b. Place of Disposition (Name of cemetery, crematory or other place)
Lincoln Mem. Cem. 12/26/96 20c. Location - City or Town, Stete 1 Buriai 2 □ Cremetion 3 □ Removal trom State Suitland, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility
H.S. Washington & Sons, Inc.
4925 Burroughs Ave., N.E. any sh. Shatt 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiretory errest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death **Physician** /Medical Immediete Cause (Final disease or condition resulting in death) **Examiner** Physician/Medical Examiner HYPERTENSIO1 sician and burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): P.O. Box 68760. physician s the buria DIABETES Due to (or es e consequence ot): use as should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings svallable prior to Completed 24a. Was an autopsy performed? completion of cause of death? certificate has page 2 1 Yes 2 No 1 ☐ Yes 2 No of Vital or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 8 Other (Specify) P 1 Yes 2 No After this In by the funeral 27. Magner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how Injury occurred Division 1 Natural 5 Pending Investigation To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fur 1 Tyes 2 □ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

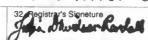
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a. Certifler (Check only one 29b. Signature and title of certifier 29c. License number 29d. Dete algned (Month, Day, Year) of contiller by 12/20/96 D0050554 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) SILVERSPRING, MD 20910 NGUC - HA NGUYEN GLEN 1500 FOREST

Registrar

State

31. Dete filed (Month, Day, Year)

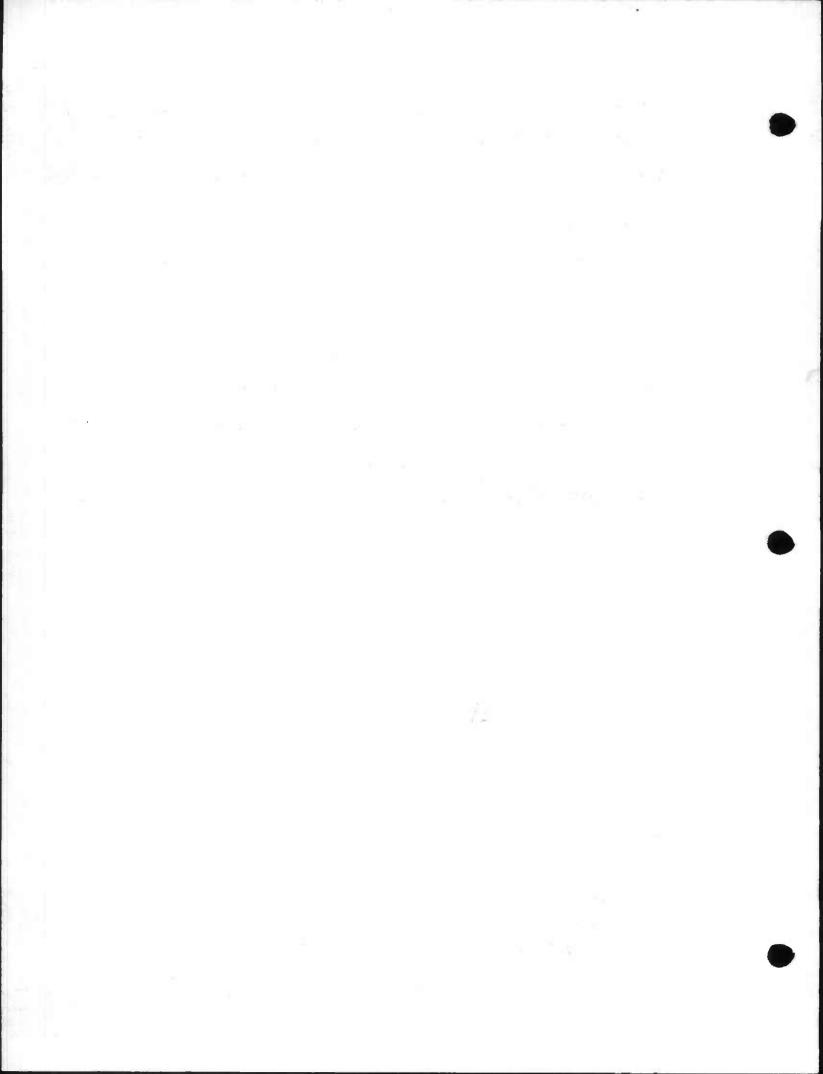
DEC 2 3 1996



State of Maryland / Department of Health and Mental Hygiene

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	E so						10f. Zip Code			g. Citizen of V	vnet Coun	try7
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020	rs after of F, or Itae	by Fun	1 ☑ Never Married 2 ☐ Mem 3 ☐ Widowed 4 ☐ Divorced	Armed Forces	§? ∮No	if	Yes, specify Cub ☐ Yes 2 1 No	Hispenic Origin? (Spean, Mexican, Puerto Specify:	Rican, etc.)		k, White,	etc.
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ore	of The se		20e. Method of Disposition 1X Buriei 2 ☐ Cremetion	3 □Removei from State	20b. Pied	ce of Dispos netery, crem	ition (Neme of etory or other ple	ice)	Dete 2	Oc. Location -	City or To	wn, Steta
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		-	Part1. Enter the disease, or hock, or heart feilure. List	complications that cause	ed the deeth.	Do not ente	O Univer	sity Blvd	w., Sil	ver Sp	ring,	MD 20901 Approximete
-	Physician	1	shock, or heart feilure. List	onlyana ceuse on each	iine.				1	1.		Interval Between Onset and Deeth
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, P.O	v requires that the death cer been signed by the attendir should be detached for use	y Phy	Lovono	vy Ad	ther	6M	as		1 □ Ye	2 2 No	3 Prot	bably 4 🗌 Unknown
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o	Attending Physician: or death. sctor: After this certific by the funeral director,	7: To	27. Menner of Death	28e. Date of in (Month, D		NOutpatient 8b. Time of	3□ DOA 28c. inju Wo	4 LI Nursing Ho	me 5 Resider		1-1-1)
ion	ath. r: Afte e fun	ation	1 ☐Naturel 5 ☐ Pending 2 ☐ Accident investig		ey Year)	Injury		rk? IYes 2□No				
Division	after des Director	Certification:	3 Suicide 6 Could n 4 Homicide determine	ned 256, Piece of Ir	njury - At hometric. (Specify)	e, ferm, stree	et, fectory, office		28f. Location (Str. City or Town,	eet and Numb Stete)	er or Rure	I Route Number,
	To the Hospital or Attending Physician: The law within 24 hours after death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	edlcal C	29e. Certifier (Check only one)	Physician: To the best examiner: On the basis and menner s	of examinetion	edge, deeth on end/or Inve	occurred et the til estigetion, in my o	me, dete end piece, opinion, deeth occurr	and due to the cared at the time, de	use(s) and ma ta and piece, a	nner as st and dua to	ated. the cause(s)
	ro the within Fo the compl	Me	29b. Signeture and trille of certifier				29c. Licens	se number	_ 29	d. Dete signed	Monthy I	Dey, Year)
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	, _	1	30. Name and address of gerson v	who completed cause of	deeth (item 2	3e) (Type, P	rint) _	1 13				
2	30		WILLIAM H.	TOHNSON, 3		Howa	SJUHW	son Deiv	FFRED	Erick	, Wi	21702
	Sta Registr	_	31. Dete filed (Month, Dey, Year)		Tauridana	Brodel	0.)		,	

DHMH 16 Rev 6/95



1. Decedent's Neme (First, Middle, Last)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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2. Dete of Deeth

Physician	
/Medical	
Examiner	

Funeral Director the Maryland

r than "natural", or items 23s or 28s-1 show the Wedles Examiner must be notified at permit. Pages 1 and 2 should be filed within 72 hours efter deeth with Opparation of Heelth and Mentel Hygiene. Introcurant if Item 21's marked other than "natural", or items 23a or any injury or other traumatic event the Manager.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificate be axecuted attanding physician and for use as the burial-tran Records, P.O. Box 68760, page 2 should Division of Vital or Attending Physician: director. this filled in by the funeral After t death. 24 hours after deat Funeral Director: Hospital

DEC. 28° 1996 SARAH VIRGINIA KENNETT 1700 PM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 5025 _{IROQUOIS} STREET COLLEGE PARK PRINCE GEORGES 7. Age (In yrs. lest birthdey) If Under 1 Yeer if Under 24 Hrs. 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year)
Sep. 12, 1917
9. Birthpiece (Ste. Country)
Virginia 6. Sex Birthpiece (State or Foreign Country) 1□M 2⊠F Deys Yrs. 577-07-8143 79 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 M Yes 2 No Maryland Prince Georges College Park 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5025 Iroquois Street 20740 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: py Specify. 3 ☑ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Be Ryland M. Sanford Ada Scrimger 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Norman Balderson / Nephew 13317 Locksley Lane, Colesville, Maryland 20904 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removel from State George Washington Cem. 12/23/96 Adelphi, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licer 22. Name and Address of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 20904 23a. Pert1. Enter the disease, or complications that caused deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. List only one cause on each lin Approximete Intervel Between Onset end Deeth Immediete Cause (Finel diseese or condition resulting in deeth) . Arteriosclerotic Cardiovascular Disease Due to (or es e consequence of): Physician/Medical Examiner Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of): Due to (or es e consequence of): Pert fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings evallable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? INSPECTION 1 Yes X No 1 ☐ Yes 2 ☐ No Be 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home XX Residence 6 Other (Specify) X1X Yes 2□ No Certification: To 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1X Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suiclde 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the cause(s) end menner es steted.

2 Nedfcal Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) end menner steted. Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) Donald & Wright MD O.C.M.E DEC. 20, 1996

State Registrar

completely

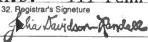
To the within 2

DEC 2 4 1996

31. Dete filed (Month, Dey, Year)

Donald G. Wright M.D.

30. Name end eddress of person who completed ceuse of death (Item 23e) (Type, Print)



111 Penn Street, Baltimore, Maryland 21201

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hysicia /Medic		1. Decedent's Name (First,		d ==		¥	-lin	26			2. Date of D Month	eath Dey	Year 1990	3. Time of C	-
xamin		4a. Facility Name (If not inst	itution, giv	ve street end nu	m <i>ber)</i>				b. City, To	wn, or Lo	ocation of Dea		ty of Death		
		Washington .	Adver	ntist Ho	spital			,	Takom	a Pa	rk	Mon	tgomer	y	
neral		5. Social Security Number		Sex	7. Age (In yr:	s. last birthday	/) If Under Months	1 Year Days	If Under:	24 Hrs. Min,	8. Date of B (Month, D	irth	9. Birthp	lece (State or try)	Foreign
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or other traumatic event, the Medical Examiner must be notified at		Usual Residence of Decede			10- 6	20.00									
	_				10c. C	City, Town or L	Location						10	0d. Inside City	
	cto		tgome	ery	Та	koma P	ark							1 X Yes 2	2 ∐ No
	2	10e. Street and Number					10f. Zip	Code				10g. Citizen of	f Whet Coun	try?	
	ra .	7051 Carrol	1 Ave	enue				912				U.S.A.			
	Funeral Director	11. Maritai Status		Armed Fo		U,S. 13.	. Was Deced if Yes, spec	dent of Hi	ispanic Orlo	gin? (Spe , Puerto	ecify Yes or N Rican, etc.)	o- 14. Ra	ace - America		
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	Completed	15. Dec (Specify only h	edent's E	ducetion ade com <i>pleted)</i>		16e. Dece (Giv	edent's Usua e <i>kind of wor</i> DO NOT us	ai Oocupa rk done o	ation during most	of worki	ing	16b. Kind of	Business/Ind	lustry	
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	Be			,								e, Meiden Sume	eme)		
	၉	Aage Jeppes									Wolfe				
		19a. Informant's Name/Rela										ber, City or Town			
	-	Geraldine H	ensor	1 - Nied					eambo	at W		w Marke			
		20a. Method of Disposition 1 Burlai 2 □ Crema	tion 3 🗆	Removal from		Place of Disp cemetery, cre	ematory or of	ne or other plec	e)	į	Date	20c. Locetion	- City or To	wn, State	
		4 □ Donation 5 □ Oth				ort Lir	ncoln	Ceme	tery	12/	23/96	Brentw	ood, l	Marylar	nd
		21. Signature of Funeral Se	vice Licer	nsee		2	22. Name and	d Addres	s of Facility	y S.O.	ne Fun	orel Use	ma D	A	
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DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40784 12/24/91 AM. Certificate of Death 1, Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** ALETHA DEC 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death

Party

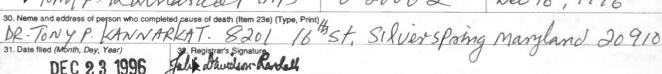
Montgomery City, Town, or Location of Death Examiner WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK If Under 1 Year Months Days If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral Director** 577-10-2176 86 5/16/10 WASHINGTON, DC Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits ns 23a or 28a-f shov MD COLLEGE PARK Director 1XXYes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20740 3533 MARLBROUGH WAY USA Funeral Hems 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 11. Mantai Status 14. Raca - American Indian permit. Pages 1 and 2 should be filed within 72 hours after a Department of Haeith and Mental Hygiene. Important: if item 27 is marked other than "natural", or item any Injury or other traumatic event, the Med cal Examines once. 1 ☐ Yes 2 XNo 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2√No 3⊌Widowed 4 □ Divorced Specify: BLACK þ Specify: Year or Dates: Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 8TH GRADE NONE EXAMINER GOVERNMENTAL 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) RICHARD ELLIS MARY TURNER 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) RICHARD E. KAGER SAME AS 10A, B, C, D, E, &F 20a. Method of Disposition

ADBurial 2 Cremation 3 Removal from State 20b. Placa of Disposition (Name of 20b. Place of Disposition (Name of cometery, crematory or other place)
LINCOLN MEMORIAL CEMETERY
12/20/96 20c. Location - City or Town, State SUITLAND, MD. 4 ☐ Donation / 5 ☐ Other (Specify) 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting In death) Evermonia weeks **Examiner** Examiner O Step myllitis 15
Due to (or es a consequence of): It heel 3 months physician and tha burial-transit or Attending Physician: The law requires that the death certificate be asscuted Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last P.O. Box 68760, Physician/Medical Due to (or as e consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records. à Completed 24b. Were eutopsy findings evailable prior to completion of cause of death? 24e. Was an autopsy performed? paga 2 1□ Yes 2 No certificate 1 ☐ Yes 2 ☐ No. Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1- Inpatient 2 □ ER/Outpatient 3 □ DOA filled in by the funaral 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Aftar 1 Natural 5 Pending To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A Investigetion 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Sulcide 6 Could not be determined 28e. Placa of injury - At home, farm, street, factory, offica bullding, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medical 29a, Certifier Descrifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner es stated. 2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

State Registrar

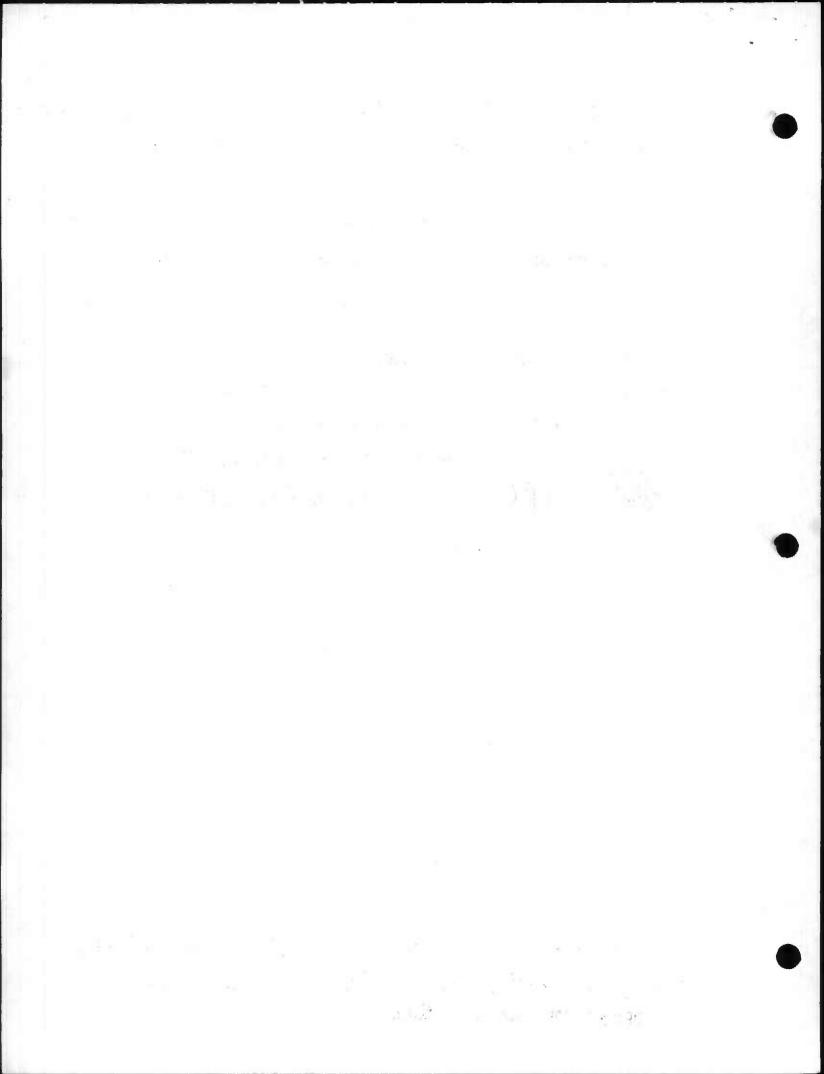
Imp p- lannasleat m

29b. Signature and title of certifier



29c. License number

D-20062



State of Maryland / Department of Health and Mental Hygiene

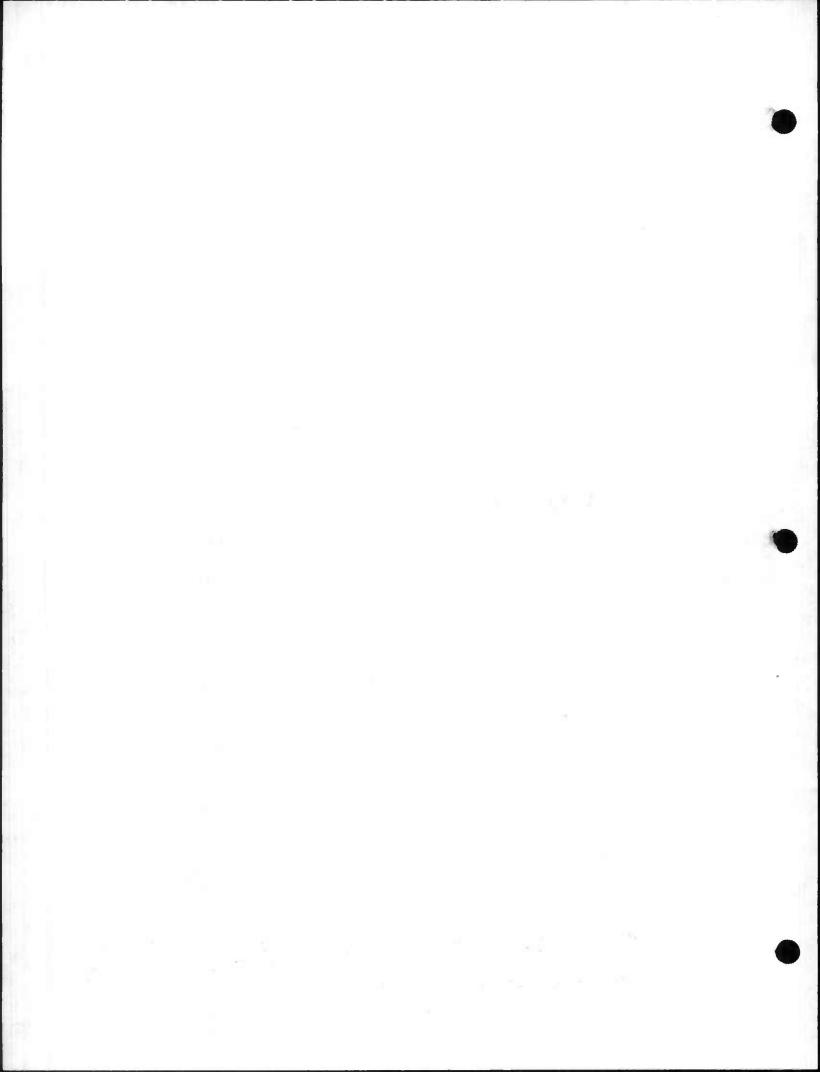
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ſ	Funeral Director		5. Social Security Number 311–24–3292	6. Sex 1 Ø-M 2 ☐ F		a (In yrs. lasi 70	t birthday) Yrs.	If Under Months			Min.	8. Data of Bi (Month, D MAY	irth ay, Year) 5,1926	9. Birt	thplace (Stata or Foreig ountry) diana
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<u>></u>	after Direction of	ertif	4 ☐ Homicide deter	mined 28a. Pla bull	lding, atc	ury - At home c. (Specify)	, tarm, stra	at, ractory	, onice				wn, State)	iber or me	ural Routa Number,
	To the Hospital or Attanding Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edical C	29a. Certifier (Check only one)	Ing Physician: To the t Examiner: On the	na bast of basis of	axamination	dge, deeth and/or invi	occurred astigation	at tha t	lme, dete ar opinion, dea	nd piaca, ath occurr	and dua to the	ceuse(s) end n	nanner as o, and due	s stated. a to tha ceuse(s)
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	20		30. Name end address of person	= OB	A H	aath (Itam 23	la) (Type, F		31	1	*				
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DHMH 16 Rev 6/95

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	Examir		4e. Fecility Nama (If not institution, garanteel Medical		n <i>ber)</i>			4b. City, To Annar		ation of Death	4c. County Anne		e1
	Funeral Director		5. Sociel Security Number 109–01–6654D	. Sex 1 □ M 2/O /F	7. Age (In yn	s. <i>last birthday)</i> 79 Yrs.	If Under 1 Ye Months Day		24 Hrs. 8 Min.	Deta of Birth (Month, Dey,	^Y 22, 1917	9. Birthp Minn	lece (Stete or Foreign try) esota
	Maryland a-f ehow	tor	Usuel Residence of Decedent 10e. Stete 10b. County Maryland Prince	George's		City, Town or Lo	ocation					1	0d. insida City Limits 1XXas 2 □ No
	3a or 28	al Director	10e. Street end Number 12307 Roundtree	e Lane			10f. Zip Code 207				og. Citizen of V United		•
020	iges 1 and 2 should be filed within 72 hours after death with the Maryland nt of Health and Mental thygiene. If if them 27 is marked other than "naturel", or items 23a or 28a-f show or other traumatic event, the Modical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 Navar Married 2 Married 3 XX idowed 4 Divorced	12. Wes Dece Armed For 1 Yes If Yes, Giv Yeer or De	ces? 2XXVio e		Wes Dacedent of Yes, specify Co			fy Yas or No- can, etc.)		ce - Americ ck, White, y: Wh	
Maryland 21215-0020	within 72 ho iena. than "natur ire Medical	Completed	15. Decedent's (Specify only highest of Elementery/Secondary (0-12) 12	Education greda complated) Collaga (1	-4or 5+)	(Giva	dent's Usual Occ kind of work dor DO NOT use ret	ne during mos	t of working		6b. Kind of B		partment
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Division of V	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific complately filled in by the funeral director,	Certification: To E	exeminar? 1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending investigati 3 Suicide 6 Could not determine	28e. Dete or (Month)	t Injury n, Dey Year)	28b. Time of Injury	28c. in	jury et /ork? □ Yes 2 💢 i	No 28	d. Describe hor	w injury occur	red	Assistellining
	e Hospita 24 hours e Funeral	edical C	29a. Certifiar 1/2 Certifying F (Check only one) 2 Medical Exi	Physician: To the barriner: On the barriner end menner	sis of examin	owledga, daath etion end/or inv	occurred at the restigation, in my	time, deta end opinion, deel	d place, and th occurred	d due to the ce at the time, de	use(s) end ma te end plece,	annar as st and due to	ated. tha cause(s)
)	To the within To the comp	Me	29b. Signatura and title of certifiar	Pinera	, no.			nsa number D 409	04		d. Dete signe	d (Month, 1 8/96	Day, Year)
	Sta	to	30. Name and address of person who 138 A May (31. Dete tiled (Month, Dey, Year)	Road	gistrer's Sign	gewate		Nai d 210	ncy T	D. Riv	verd,	mil	Ο,
	Registr		DEC 2 3 1996	July	Davidsor	Mandall							



State of Maryland / Department of Health and Mental Hygiene 40787 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death DEC **Physician** /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** Suburban Hospital Bethesda Montgomery 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. (Month Day Year) 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** 1□M 2□F 83 Director 220-80-5395 Sept 9, 1913 China Usual Residence of Decedent the Maryland 10a State 10b, County 10c. City. Town or Location show r 28a-f show Inotified at 10d. Inside City Limits Director 1 Ø Yes 2 □ No Bethesda Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò must be 5721 Grosvenor Lane 20814 United States Norms 23a Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes. 2 ZNO If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. "netural", or Iten edical Examiner filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 21XNo Specify: þ Specify: 3 XWidowed 4 □ Divorced Asian of all Hygisns.

of other than "natura": event, the Medical E Be Completed 16a, Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Housewife Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be nent of Health and Mental Tang 2 Tang 19s. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) # nt of Health a If itsm 27 is or other tra Jovita Lee, Daughter-In-Law 4 Red Bud Ct., Potomac, MD 20854 Place of Disposition (Name of ownetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 150 Burial Cremation 3 Demoval (pc) State Department of Important: If any injury or 5 Other (Specify) Gate of Heaven Cemetery Silver Spring, MD 21. Signature of uneral Service Ligensee 22. Name and Address of Facility DeVol Funeral Home 10 East Deer Park Drive, Gaithersburg, Jake MD 20877 or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, test only one cause on each line. Approximate Intervel Between Onset and Death **Physician** a. Tenal failure

Due to for es e consequence of): /Medical Immediate Cause (Final me year disease or condition resulting in deeth) **Examiner** Physician/Medical Examiner sician and burial-trensit respiratory Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of Box 68760, the Due to (or as a consequence of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown anemia anuraxia by Records. 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was en eutopsy performed? page 2 1□ Yes 2M No 1 ☐ Yes 2 No certificate of Vital Hospital or Attending Physician: 25. Wes case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospitel: 1 ☐ Inpatient 3 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To this 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Division After 1 Netural 2 Accident 5 Pending Investigation within 24 hours after death.

To the Funeral Director: Al completely filled in by the fu 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide edicai Cartifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the cause(s) and manner as stated.

— Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a, Certifier (Check only one) the th 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) ful Vichillen 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) mo, 9707 Medical center Dr. suite 320, puckville, mp 20850 H. Victor Chiang, 31. Date filed (Month, Day, Year)

32. Registrer's Signature

Mia Vavidson Randalle

DHMH 16 Rev 6/95

State

Registrar

State of Maryland / Department of Health and Mental Hygiene

40788

						Cen	tificate o	f Death		Reg. No.		40700	
	San Service		1. Decedent's Name (First, Middle, L.		2			2. Date of Death		3. Time of the			
	Physic		Durwood Barnaby LANGLEY						Decemb	er 24.	1996	4:45 am	
1	/Medi Examir		4a. Facility Name (If not institution, gi		/			4b. City, Town, or				3.43 mile	
	LAGITIII	161	Doctor's Hospital					Lanham		Prin	ce Ge	eorge's	
T	Funeral Director	To Be Completed by Funeral Director	5. Social Security Number 428–20–2614 XXM 2□ F 7. Age (In yrs. lest birthday) Months © Months						8. Daie of Bin	8. Date of Birth August 13, 1922 Mississippi			
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth end Mental Hyglena. Important: If item 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other traumatic event, the Medical Examine must be notified at ODEs.		Usual Residence of Decedent								i		
			Maryland Prince G		10c. City, To	wn or Loc tsvill					1	1 Od. inside City Limits	
			10e. Street and Number 4205 Brandon Lane 10f. Zip Code 20705 10g. Citizen of What Country? United States										
			11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? MXYes 2 □ No	12. Was Decedeni Ever in U,S. Armed Forces? MXYes 2 □ No if Yes, Give Year or Detes: 1942–194		13. Was Decedent of Hispanic Origin? (Siff Yes, specify Cuban, Mexican, Puerting 1 ☐ Yes 200 No Specify:		pecify Yea or No o Rican, etc.)		14. Raca - American Indian, Black, White, etc. Specify: White		
			15. Decedent's E (Specify only highest gr	ducation	16	a. Decede	ent's Usual Occ	upation le during most of wor red)	rkina	16b. Kind of B	usiness/în	dustry	
			Elementary/Secondary (0-12)	College (1-4or 5+	-)			red)	nang	Desirent	-		
			12	2	Engineer				Private				
			17. Father's Name (First, Middle, Last) Dousher Langley 18. Mother's Name (First Stella							Quave			
			19a. Informant's Name/Relationship Elsie E. Langley				as #10	et end Number or Ru	ural Route Numb	per, City or Town	Stete, Zip	Code)	
			20a. Method of Disposition 1 Buriai XXCremation 3 4 Donation 5 Other (Special Control of the		cemet	ery, crem	ition (Neme of etory or other p	*	Daie 26/1996	20c. Location Alexand			
			21. Signifure of Funeral Gervica Licargee 22. Name and Address of Facility Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Road Beltsville, Maryland 20705										
	Physician /Medical Examiner	ner	23a. Part1. Enjer the disease, or con	nplications that caused t	the death. Do							Approximate	
			23a. Part1. Enier the disease, or complications that caused the death. Do not enier the mode of dying, such as cardiac or respiratory arrest, Shock, or heart failure. List only one cause on each line. Approximate Interval Between Onser and Death Immediate Cause (Final disease or condition B. Latter C. D. Licchotti. R. D. Lic										
			resulting in death)	ma	Due to (or as a	the c	nedock or):					35 year	
Division of Vital Records, P.O. Box 68760,	To the Hospital or Attending Physician: The lew requires that the death certificate be associted within 24 hours after death. To the Funeral Director: After this certificate hes been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the bunal-transit	Examiner											
		Medical	Cause (Disease or injury that initiated events resulting in death) Last	C. Due to (or as a consequenca of):									
		lan											
		Certification: To Be Completed by Physician	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause					given in Part i.					
										s an autopsy ormed?	av	ere autopsy findings railable prior to empletion of cause	
									1 🗆	Yes 2000	of	death?	
			25. Was case referred to medical examiner?					26. Piece of Dec	eth (Check only	one)			
			1 ☐ Yes 2 No	Hospital: 1 Denpatieni 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)								(y)	
			27. Manner of Deeth 1 ☐ Matural 5 ☐ Pending	28e. Dete of Injury (Month, Dey	Year) 28b.	Time of Injury	28c. In		28d. Describe	how injury occur	red		
		cat	2 Accident investigation 3 Suicide 6 Could not to	ne -	4.1			Yes 2 No			Street and Number or Rural Route Number,		
		PT.	4 Homicide determined	28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)						(Street end Numi iwn, Stete)	n, Stete)		
		edical Co	29a. Certifier (Check only 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as steted. 29a. Certifier (Check only 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)									steted. to the cause(s)	
		Med	one) 29b. Signature and title of certifier	and manner state	ed.	-							
			29b. Signature and this of certifier 29c. License number 29d. Date signed							I (WOTH)	(Month, Dey, Year)		
	0		30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)										
	9		TSUNIE CHAN	CHI EV	8 12 4	Cu	rint)	hen Drive	. , Ber	wyn He	2. gh	t. 20	
	Sta Registr		31. Date filed (Month, Dey, Yeer) DEC 2 7 1996	32 Registrar	Signature	pandal	2				0		

B.K.S

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician
/Medicai
Examiner

Director

Funeral

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Funeral

Director 28a-f show must be notified at ò items 23a

should be filed within 72 hours after nd Mental Hygiene. merked other than "naturel", or ite permit. Pages 1 and 2 should be filk Department of Heelth and Mental Hy Important: If Item 27 is merked otherny injury or other treumatic event poice.

21215-0020

Baltimore, Maryland

Box 68760

P.O. 1

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Physician /Medical Examiner

Physician/Medical Examiner The lew requires that the death certificate be executed physician and s the burial-transit ģ P ag page 2 should Completed Hospital or Attending Physicien: Be Certification: To this After death. To the Hospital or Attendition within 24 hours after death. To the Funeral Director: A completely filled in by the fi

1. Decedent's Name (First, Middle, Last) 2. Date of Death Month LANGE ROBERT DEC. 1996 1800 PM 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth PRINCE GEORGES HOSPITAL CENTER PRINCE GEORGES CHEVERLY If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) 1**∑**M 2□ F Days Yrs 36 263-37-7931 JULY 22, 1960 FLA. Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 No HILLSBOROUGH TAMPA 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 14032 CITRUS POINT DR. 33625 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 10 No It Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yea or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Bieck, White, etc. 1 Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: Specify: 3 Widowed 4 Divorced WHITE 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind ot Business/Industry Elementary/Secondary (0-12) Cotlege (1-4or 5+) 12 TECHNICIAN A.C. AND HEATING 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) DIETER LANGE ROSEMARY 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) STEVEN LANGE BROTHER ITEM #10 SAME AS 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 【Cremation 3 ☐ Removel trom State 4 ☐ Donation 5 ☐ Other (Specify) CHAMBERS CREMATORY 12/21 RIVERDALE, MD. 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Chamberson - M00091 W. W. CHAMBERS CO., RIVERDALE, MD. 20737 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardled or respiratory arrest, shock, or heart feilure. List only one cause on each tine. Approximate Intervat Betw Immediate Cause (Finel Subdural hemalome disease or condition rasulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In deeth) Last Due to (or as e conaequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contribute to the causs of death? 1 Yes 2 PNo 3 Probably 4 Unknown Gir hosis 24b. Wera autopay tindings available prior to completion of cause of deeth? 24a. Was an eutopay performed? 1 Yes 2 □ No 1 Yes 2□ No 25. Was case reterred to medical 28. Place of Deeth (Check only one)

XX Yes 2 No

5 Pending Investigation

6 Could not be determined

Hospitel: 1 ☐ inpatient XZ ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Day Year) 12-15-96

28b. Time of injury 0900 28e. Place of Injury - At home, tarm, street, factory, offica building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury at Work? 1 ☐ Yes 2 ☑ No

28d. Describe how Injury occurred Subject

5402

hell 28t. Location (Street and Number or Rural Route Number, City or Town, State) MI

29a, Certifier (Check only one)

27. Manner of Death

1 Naturai

3 Suicide

25 Accident

4 - Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cauae(a) end manger stated. 29c. License number

29b. Signature and title of certitler

O.C.M.E

29d. Date signed (Month, Dey, Year) DEC. 20, 1996

Oak Rd

30. Name and address of person who completed cause ot death (Item 23e) (Type, Print)

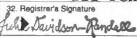
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111 Penn Street, Baltimore, Maryland 21201

State Registrar

Medical

1996



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Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40790 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 19 Dec. 1996 2:45 PM Alice Lorraine Montague /Medical 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 12712 Haskell Lane Prince Georges Bowie If Under 1 Yeer if Under 24 Hrs. 5. Sociei Security Number 7. Age (In vrs. last birthdev) 8. Dete of Birth (Month, Day, Year) Birthpiace (State or Foreign Country) **Funeral** Deys 1□ M 2☑ F Months Hours 477-09-3322 Director 78 Feb. 26, 1918 Minnesota Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City. Town or Location 7 is marked other than "natural", or ferms 23s or 28s-f show traumatic event, the Medical Examiner must be incitled at 10d. inside City Limits 1 Yes 2 No Director Maryland | Prince Georges Bowie 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20716 Funeral 12712 Haskell Lane USA 11. Meritei Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: If Item 27 is merked other than "natural", or item any Injury or other traumatic event. Bleck, White, etc. 1 X Yes 2 No 1 ☐ Never Merried 2X Married Baltimore, Maryland 21215-0020 If Yes, Give Yeer or Detes: 1943-1945 1 ☐ Yes 2 ☐ No Specify: Specify: py 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16h. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 Ambrose Mahoney Katherine Delisha 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Arthur Edward Montague, Jr√Husb.12712 Haskell Lane Bowie, Maryland 20716 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Steta 20e. Method of Disposition Dete 1 ₺ Burlei 2 Cremetion 3 Removel from Stete 4 ☐ Donetlon 5 ☐ Other (Specify) Sacred Heart Cemetery 12-23-96 Bowie, Maryland 21. Signature of Funeral Service Licenses 22. Name end Address of Facility Robert E. Evans Funeral Home, P.A. Pres. . Evano 16000 Annapolis Road Bowie, Maryland 20715 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical immediate Cause (Fine) AMOUSHS disease or condition resulting in death) **Examiner** Due to (or es e consequence of) physician and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last Due to (or as a consequence of) Box 68760. that the death certificate be Physician/Medical Due to (or as e consequenca of) 980 ed by the a Part if. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? Records, P.O. signed by t 3 Probably 4 Unknown 1 ☐ Yee 2 ☐ No by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed has 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case referred to medical axaminer? Be 28. Piece of Deeth (Check only one) 1 Yes 2 No Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28e. Dete of injury (Month, Day Year) 27. Menner of Death 1 Netural 2 Accident 28d. Describe how injury occurred Certification: 28c. injury at Work? i or Attending P after death. After 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Hospitai 24 hours a Funeral D 12 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) end menner steted. 29e. Certifier Medical pletely (Check only one) To the I 29b. Signature and title of certif 29c. License number 29d. Date signed (Month, Day, Year) Nerpe end eddress of person who completed cause of deeth Bestgate

32 Registrar's Signeture

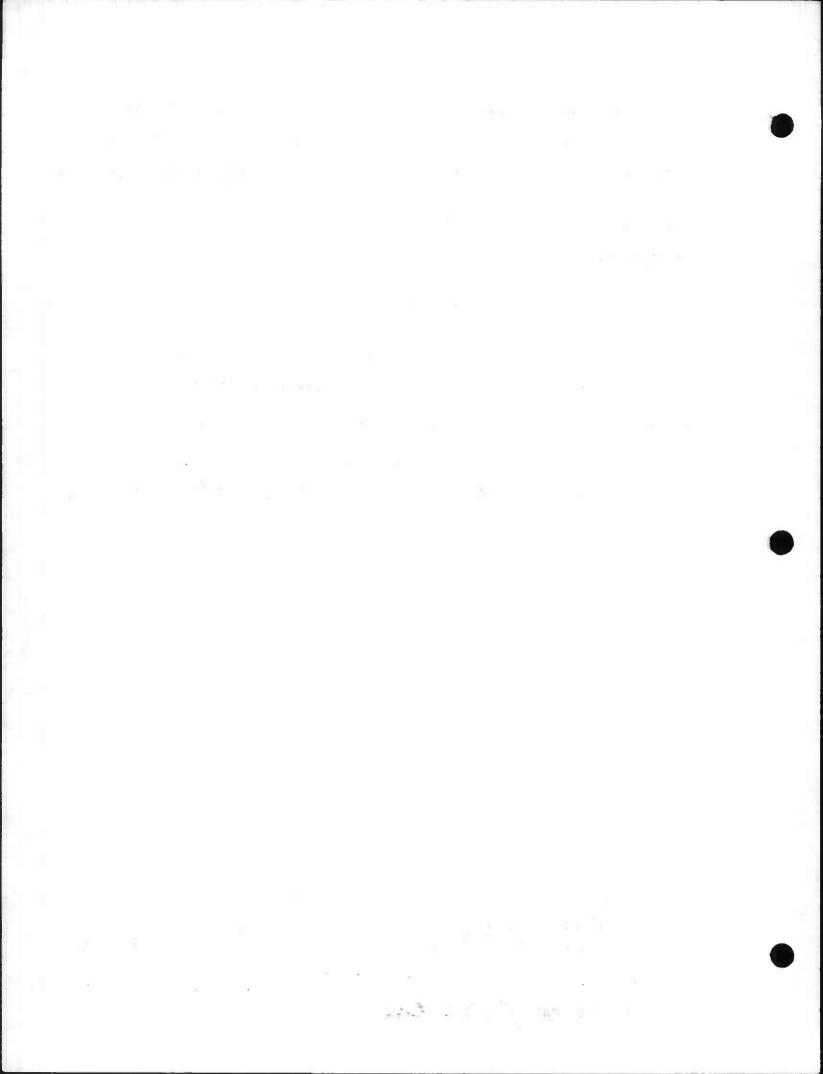
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31. Dete filed (Month, Dey, Year)

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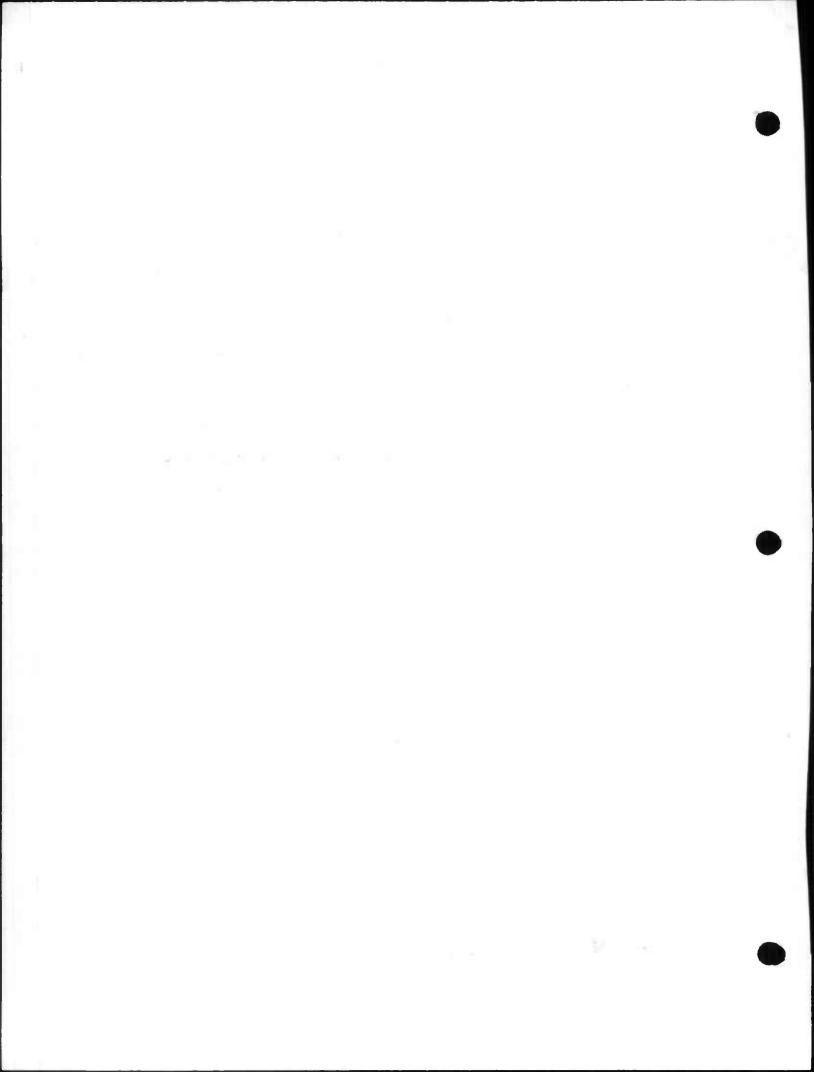


FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	OD STTEINING DUVERTAN. The four requires the the death certificate he seconded with
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	1 8	1		~								2. DATE	OF DEATH		YEAR	TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	MIL	5. SEX	4 405	//- · · · · · · · · · · · · · · · · · ·	. 6 (-4) (-1)			T			ember			0:35 P	M
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DPhys buri		1 Never Married 2		FORCES? 1	I YES	2XXXN ATES	0	10	If you, up	Pecity Cubs	in, Maxica	n, Puarto	Rican, etc.)	- 421	Black, W Specify:	Vhita, etc.	
215-0020 attending physician. se as the burial-tran	ВУ	3 XXWidowed 4 Divor	rced	250 751 251-5							Opening	,				White	
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MARYLAND retained by the hospid S should be detached notified at once.	2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)															
T. No of of of of of of of of of of of of of		Joseph R. Miles, Son P.O. Box 3612 Frederick, Maryland 21705-3612															
ALTIMORE, I death. Page 6 may be funeral director, page axaminer must be reasonable.		20s. METHOD OF DISPOSITION 1 Burisl 2x[3]/Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, cremetory or other place) 20c. LOCATION — City or Town, State															
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ALTIN death. Pag e funeral dir i.		21. SIGNATURE OF SUNERAL	L-SERVICE LIC		- 1			22.	NAME A	NO ADDRE	SS OF FA	CILITY F	ort Li	ncoln	Fune	ral Home	
		3401 Bladensburg Rd., Brentwood, MD, 20722															
Ca at		23. PART i. Enter the di-	seeses, or c	omplications the	t caused	the dea	ath. Do r	not ente	the mo	ode of dy	Ing, auc	h aa car	diac or reapi	retory arre	nt,	Approximate	
S S S E		shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MYOCARDIAC INFARCTION 30 MINCRE															
	ш	disease or condition resulting in death)	→ .	MYC	XAT	165	AL		CNIF	STA-	T17	INC				30 MINERE	Z
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OF V PHYSICIA this certif with the	PHY	27. MANNER OF DEATH		28a. DATE OF (Month, C	Pay, Year)		28b. TIM	E OF		JURY AT		26d. DE	SCRIBE HOW II	NJURY OCCU	RED		
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OR ATTEN OR ATTEN DIRECTOR: hours after ttem 28 I		4 Homicide	detarmined														
DIV DIRECTOR A DOURS	COMPLET	29a. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the best of	f my knowi	ledge, des	th occum	ed at the	lime, date	and place	, and dua	to the ca	use(a) and man	mer as stated	J.		
HOSPITAL FUNERAL WITHIN 72 TANT: II	NO.	anal .														nd manner as stated.	
	Ü	295 SIGNATURE AND TITLE	OF CERTIFIER	1						29c. LICI	ENSE NUM	MBER		29d, DATE	SIGNED (M	onth, Day, Year)	_
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F 2 8 8	유	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DE	ATH (ITEM	27) (Type,	Print)		2)	100			N.	LUTTO	C 1117	2
		TEDE. HOWE, MD 7542 OVERLOOK DEIVE BOONFRORD, MD															
(1)		31. DATE FILEO (Month, Day,	Ybar)	32. REGISTRA	AR'S SIGN						+	IAU)	VTINUL				-
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



State of Maryland / Department of Health and Mental Hygiene

40792 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** DECEMBER 27 1996 Per MATTHEWS **JAMES** J. 9:00 AM /Medical 4e. Fecility Neme (If not institution, give straet and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Anne Arundel 1487 Green Valley Circle Hanover If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Birthplece (State or Foreign Country) **Funeral** Days Hours 11X M 2 ☐ F Months 60 Yrs May 1, Director 579-46-3846 Usuel Residence of Decedent Washington, D.C the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 21 No Director Arundel Hanover Maryland Anne 10e. Street end Number 10f Zip Code 10g, Citizen of What Country? States United 1487 Green Valley Circle 21076 Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) "natural", or items 14. Race - American Indien, Bleck, White, etc. 2 should be filed within 72 hours after n and Mental Hygiene.

Is marked other than "natural", or ite ☐ Yes 2 🔯 No Yes, Give 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No à If Yes, Give Yeer or Detes Specify: 3 Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grada completed) 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantery/Secondery (0-12) College (1-4or 5+) Salesman Funeral Industry 12 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Frances Thelma Manuel 2 Martin Edward Matthews 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 st Department of Health and Important: If frem 27 is m eny injury or other traum 6511 Parkway Court, Hyattsville, Maryland 20782 Frances T. Cutlip, Mother 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☐ Burial 2 ☑ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Crematory Dec. 29,96 Brentwood, Maryland 21. Signature of Funerel Service Lip 22. Neme end Address of Fecility Fort Lincoln Funeral Home, Inc. 3401 Bladensburg Rd., Brentwood, Maryland 20722 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. **Physician** fmmediete Cause (Finel disease or condition rasulting in deeth) /Medicai Luna Examiner Due to (or es a consequence of Examiner physician and the bunal-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequence of): for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. Division of Vital Records, P.O. 23b. Did tobacco use contributs to the causs of death? the signed by t 1 ☐ Yss 2 ☐ No 3 Probably 4 Unknown Completed by been si 24b. Were autopsy findings evailable prior to complation of cause of death? 24e. Wes en eutopsy performed? page 2 has 2 No certificate 1 Yes 1 Yes 2 No To the Hospital or Attending Physician:
within 24 hours after death.
To the Funeral Director: After this certifica 25. Was case referred to medical exeminar? Be 28. Plece of Deeth (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 28a. Date of Injury (Month, Dey Year) 27. Menner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 1 Neturef 5 Pending 1 Tyes 2 □ No 2 Accident Investigation 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28a. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide edicai Certifying Phyelcfan: To tha best of my knowledge, daath occurred at tha time, date end plece, end due to the ceuse(s) and manner es stated.

2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date end plece, end due to the ceuse(s) end mennar stated. 29a. Certifier (Check only one) 29b. Signature end title)of certifie 30. Name end address of person who complated cause of deeth (Item 23e) (Typa, Print), 31. Dete filed (Month, Day, Year) 32 Registrer's Signeture State DEC 3 0 1996 Registrar

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

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Funeral		5. Sociel Security N		. Sex 7 1 XM 2 □ F	'. Age (In yrs. I	V	If Under Months	1 Yeer Days	Hours	4 Hrs. Min.	8. Dete of Bi (Month, D	irth lay, Year)	9. Birth Cou	plece (Stete or Foreigntry)
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State Registrar

DONALD

31. Date filed (Month, Dey, Year)

111 Penn Street, Baltimore, Maryland 21201 G. WRIGHT MB 32 Registrar's Signeture

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing 4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neitfied at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2 MEDICAL EXAMINER: On

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED WORM, 29, 1500 1996

DIVISION OF VITAL RECORDS, P.O. BOX 68760

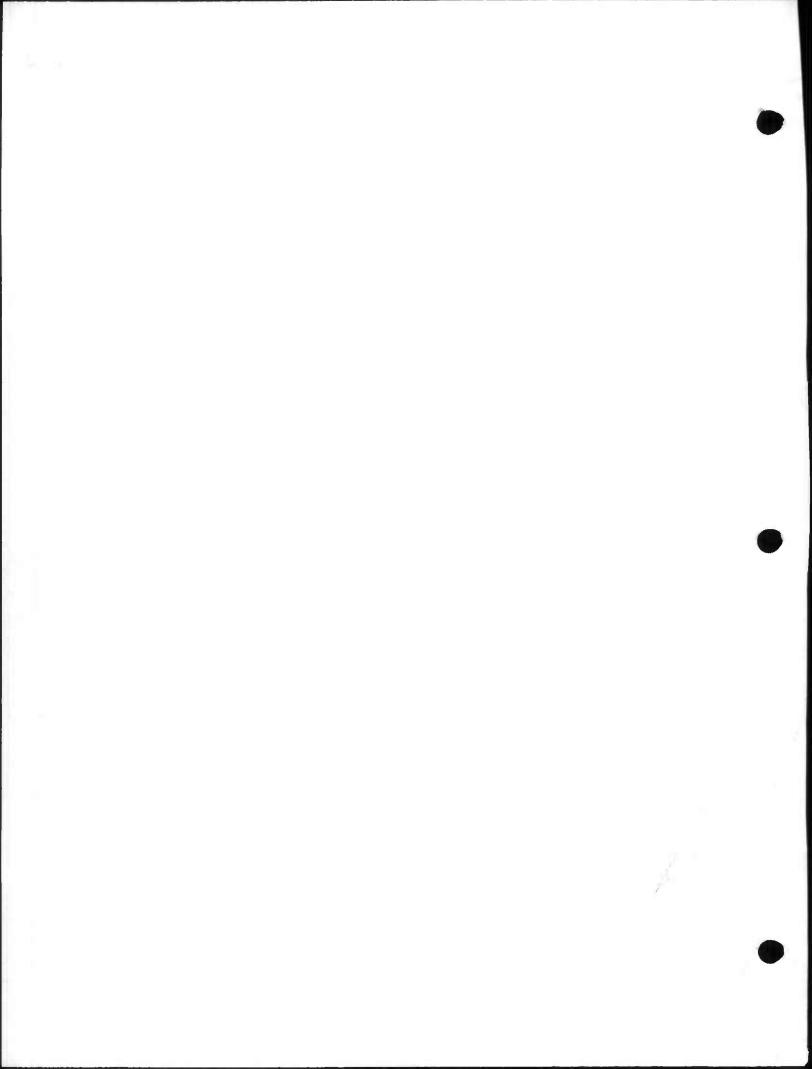
90	40/95											
1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE												
REGISTRAR 1. DECEDENT'S NAME (First, Mipcile, Last) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 97 YRS. 6. AGE (In yrs. last birthday) 98. FACILITY NAME (it not institution, give street and number) 99. FACILITY NAME (it not institution, give street and number) 90. COUNTY 100. STREET AND NUMBER 2. DATE OF DEATH DAY DECEMBER 1 S. BIRTHPH (Morith, Day, Wear) 90. COUNTY OF DEATH 100. STREET AND NUMBER 2. DATE OF DEATH DAY DEATH (Morith, Day, Wear) 90. COUNTY OF DEATH 100. STREET AND NUMBER 2. DATE OF DEATH DAY DEATH (Morith, Day, Wear) 91. DATE OF BIRTH (Morith, Day, Wear) 92. FACILITY NAME (it not institution, give street and number) 93. CITY, TOWN OR LOCATION OF DEATH 104. STATE 105. STATE 106. COUNTY 107. ZIP CODE 21. WAS DECEMBER 1 OF HISPANIC ORIGIN? (Specify Yes or No- 14, RACE-FORCES? 1 YES 2 NO 16 years of No- 16 year	Od. INSIDE CITY LIMITS? YES 2 NO AT COUNTRY? A. American Indian, White, atc.											
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 15a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKEY At Home	White											
Homemaker At Home												
20b. METHOD OF DISPOSITION 1X Burlai 2 Cramation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camelory, crematory or other place) St. Gertrudes Cem. 12/28/96 Colonia, 22. NAME AND ADDRESS OF FACILITY Gee Funeral Home 259 E. Main Elkton, Md.	N.J.											
23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Elkton, Md. Elkton, Md. Elkton, Md. Due To (or as a consequence of sequence of dying, such as cardiac or respiratory arrest, about the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and arrest the mode of dying, such as cardiac or respiratory arrest, and arrest the mode of dying, such as cardiac or respiratory arrest, and arrest the												
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3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Rout City or Town, State)	te Number,											

dge, death occurred at the time, data and place, and due to the cause(s) and manner as stated

DOO

10

29d. DATE SIGNED (Month, Day, Year)

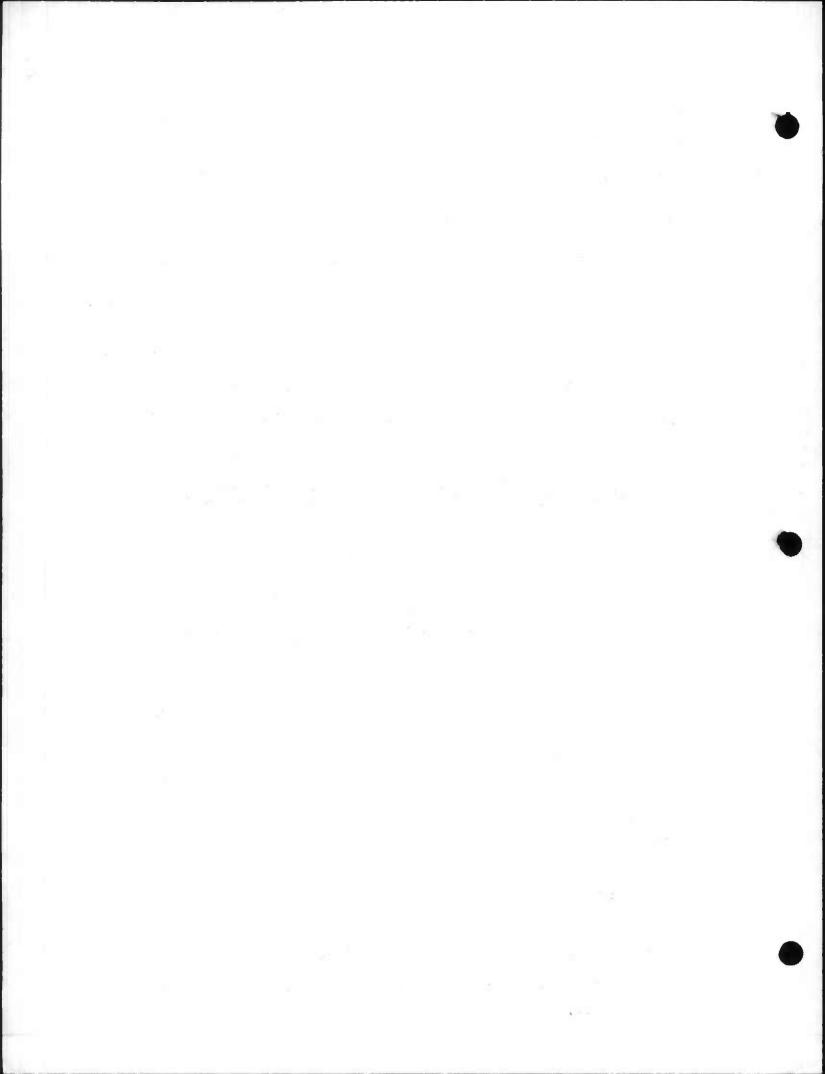


State of Maryland / Department of Health and Mental Hygiene

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Important: If item 27 is any injury or other tra		21. Signeture of Furi	letel Selvine Live	16/12/		// Í	2. Name end Addr he House	of Wrig	ht Mortu	ary			
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DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 40797 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 3. Time of Death 2. Date of Death ^{Day} 23, 1996 Month **Physician** Mildred Louise Murphy December 1:40 AM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Nursing Brooke Grove Rehabilitation & Center Sandy Spring Montgomery If Under 24 Hrs. 8. Date of Birth Month, Dey, Y August 28, 5. Social Security Number If Undar 1 Yaar Birthplaca (Stete or Foraign Country) 6 Say 7. Age (In yrs. last birthday) **Funeral** 1□M 20F Months Days Yrs 86 Director 1910 Virginia 577-01-8097 Usual Residence of Decedent the Menyland 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show any Injury or other treumatic event, the Medical Examiner must be not ined at 1 ☐ Yes 2 ☒ No Director Maryland Montgomery 01ney 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 4517 Morningwood Drive 20832 United States Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Race - American Indian, Black, Whita, etc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 11. Marital Status 1 ☐ Naver Merried 2 ☐ Married 1 ☐ Yes 2 No Specify: þ Specify: 3 Widowed 4 □ Divorced white Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) supervisor internal revenue 17. Father's Name (First, Middle, Last) 18. Mothar's Neme (First, Middle, Meiden Sumema) Be Emily Louise Hancock 2 Louis Lee Cox 19a. Informant's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Emily Louise Carlo 4517 Morningwood Drive, Olney, Maryland 20832 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal Irom State 4 ☐ Donation 5 ☐ Other (Specify) Chesapeake Crematory 12-24-96 Beltsville, Maryland 21. Signature of Funeral Service Licensee Rapp Funeral Services, P.A.
933 Gist Avenue, Silver Spring, Maryland 20910

23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,

Approximate 22. Name and Address of Facility Approximete Intervel Between Onsat and Death **Physician** /Medical Immediate Cause (Final Respiratory Failure disease or condition rasulting in death) 12 hours Examiner Due to (or as a consequence of) Examiner Flu 24 hours physician and s the bunal-transit Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): attanding usa Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? tha s been signed by the 1 Yes 2 No 3 Probably 4 Unknown neuro muscular disease 2 24b. Were autopsy lindings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? has paga 2 1 Yas 2 No 1 Yes 2 No certificeta or Attending Physician: effer death. Director: After this certific 25. Was cesa relerred to medical Be 28. Place of Death (Check only one) axaminer? Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA funaral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Time of Certification: 1 Netural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28l. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Plece ol Injury - At home, farm, atraet, lactory, office building, etc. (Specify) filled in by 4 Homicide To the Hospital o within 24 hours of To the Funeral Di compiately filled in 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated. edicai 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D23124 December 23, 1996 MD 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) Dennis M. Hannon, M.D. 3416 Olandwood Court, Olney, Maryland 20832 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State which Davidson-Randell

Registrar

DEC 2 6 1996

Saltimore, Maryland 21215-0020

Division of Vital Records. P.O. Box 68760.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40798 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath 3. Tima of Death Month Yaar Edith Marie Middleton December 20, 1996 5:15AM 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Deeth Manor Care Fernwood Bethesda Montgomery 5. Social Security Number 7. Aga (In vrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Yaar) Birthplace (Stata or Foraign Country) 1□ M 2X F Months Days Hours Min Yrs. 507-05-8297 85 January 19, 1911 Nebraska Usual Rasidenca of Dacedant 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 No Silver Spring Montgomery 10a. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 20906 15101 Interlachen Drive United States 12. Was Decedant Ever In U,S. Armad Forcas? 1 ☐ Yes 2 ☒ No If Yas, Give Yaar or Dates: Was Decadent of Hispanic Orlgin? (Spacify Yes or No-If Yas, specify Cuban, Mexican, Puarto Ricen, etc.) 14. Race - Amarican Indian, Black, White, atc. 1 Navar Marriad 2 Married 1 ☐ Yas 2 No Specify: 3 X Widowed 4 ☐ Divorced Specify: White 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) College (1-4or 5+) 4 Accountant United States Government 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Lloyd Marion Boatman Myrtle Anna Johnson 19a. Informant's Name/Raietlonship (Type, Print) 19b. Malling Addrass (Straet and Number or Rural Routa Number, City or Town, State, Zip Coda) 20048 Lake Park Drive, Germantown, Maryland Steven N. Fletcher/Grandson 20874 20b. Place of Disposition (Nama of camatary, crametory or other place pecember 23, 1996 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) Gate of Heaven Cemetery Silver Spring, Maryland Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850—2805 25 Signature of Auneral during the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, seen line. Approximate Intarval Betwaan Onset end Death Immediate Causa (Finai a. Aspiration Pneumonia 10 Days Due to (or as a consequence of): Severe Dysphagia Years Dua to (or as e consequence of): Severe Parkinson's Disease Years Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 Yas 2 No 1 ☐ Yas 2K No 25. Was casa rafarrad to medical 26. Piece of Death (Check only ona)

Physician /Medical Examiner

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Hygiene.

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Baltimore, Maryland

Sequantially list conditions, if any, leeding to immadieta cause. Enter Underlying Ceuse (Diseasa or Injury that initieted evants rasulting in death) Last

disaasa or condition resulting in death)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

Dementia

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 28a. Data of injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c. injury at Work? 28d. Dascribe how injury occurred 1 Natural
2 ☐ Accident 5 Panding Investigation 1 Yas 2 No

3 Suicida 6 Could not be datermined Placa of Injury - At homa, ferm, straat, factory, offica building, etc. (Specify) 4 - Homicide

28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 1 Certifying Physician: To the bast of my knowledge, deeth occurred at the time, data and piece, and due to the causa(s) and menner as stated.

| Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated.

29b. Signature and title of certifiar

29c. Licanse number D3139

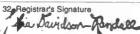
29d. Dete signed (Month, Day, Year) December 20, 1996

30. Nema and address of person who completed causa of death (itam 23a) (Type, Print)

Loreto S. Albiol, M.D., 8218 Wisconsin Avenue #105, Bethesda, Maryland 31. Data filed (Month, Day, Year)

State Registrar

DEC 2 4 1996



DHMH 16 Ray 6/95

Box 68760.

Division of Vital Records. P.O.

The law requires that the death certificate be executed

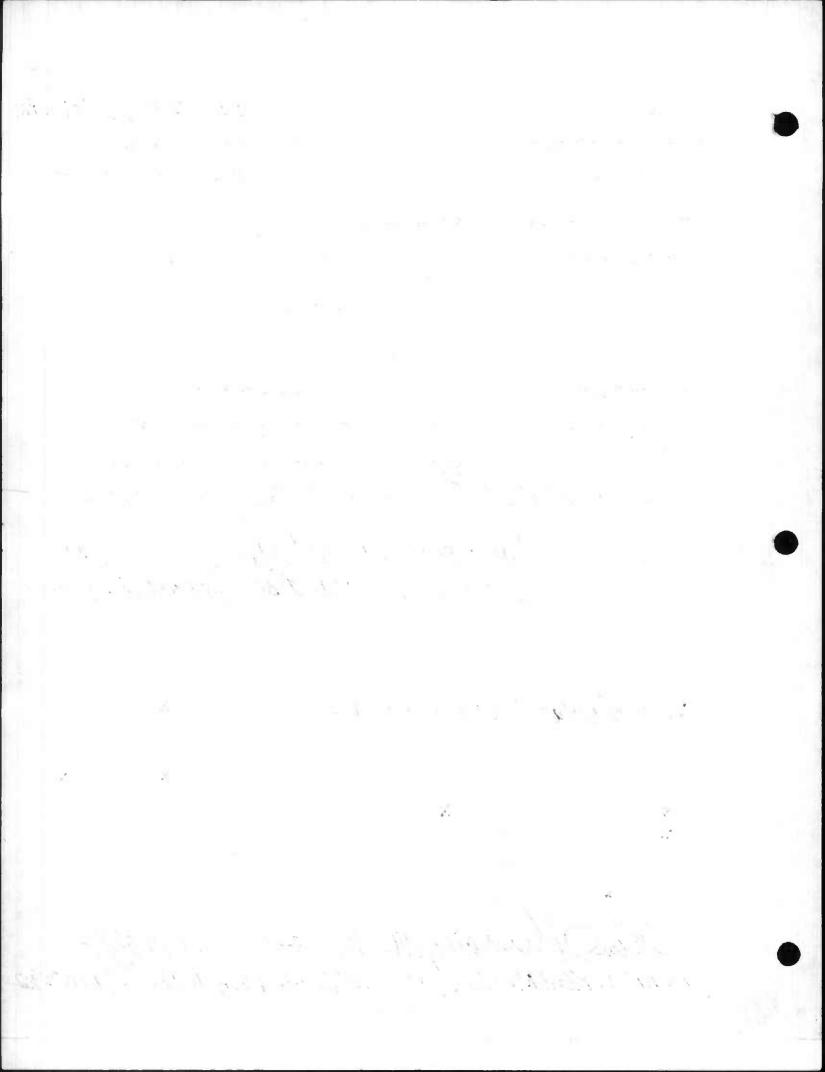
I or Attending Physician: after death.
Director: After this certifica To the Hospital within 24 hours a To the Funeral C completaly filled Hospital

State of Maryland / Department of Health and Mental Hygiene

40799 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2 Date of Death Month **Physician** 7 Gloria H. Medina /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner Silver Spring
If Under 1 Year | If Under 24 Hrs. | 8. Dete Holy Cross Hospital Montgomery 5. Social Security Number 6 Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 8. Date of Birth (Month, Dey, Year) 1□ M 2□ F Months Deys Hours Min. Yrs. Director 214-52-4202 April 2,1904 Puerto Rico Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Madical Examiner must be notified at 1 ☑ Yes 2 ☐ No Director Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20910 Funeral 8507 Cedar Street USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No 13. Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Reca - American Indien, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1X Yes 2 No Specify: þ Specify 312 Widowed 4 □ Divorced Puerto Rican White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Malden Sumeme) Be Department of Health and Mental moortant: if item 27 is marked o Antonio Higuera Margarita Pena 19a. Intorment's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Gloria M. Kroll 9218 Whitney Street Silver Spring, Maryland 20901 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State Date Burial 2 Cremation 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery 12/27/96 Silver Spring, Maryland 21. Signature of Beneral Service Licenses 22. Name and Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blvd., W., Silver Spring, MD 20901 tations that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, to cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner Physician/Medical Examiner buriel-tran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Box 68760. certificate be that initiated events resulting In death) Lest the Due to (or as a consequence of) P.O. 1 Pert II. Other significant conditions contributing to de 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t Records, Completed by 24b. Were autopsy findings evelleble prior to completion of cause of death? 24a. Was an autopsy page 2 s 1 Yes 2 No 1 ☐ Yes 2 No Division of Vital Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No this 27. Menner of Death Dete of Injury (Month, Dey Year) 28c. Injury at Work? Certification: 28d. Describe how Injury occurred After Attending 5 Pending Investigation ours after death.

erai Director: A 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide ò To the Hospital of within 24 hours at To the Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: An the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29e. Certifier completely (Check only one) 29b. Signature po 29c. License number 29d. Date signed (Month, Dey, Year) 10313GEORGIA AV 31. Date filed (Month, Dey, Year) State **DEC 27** Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	C = 0 L		Susan Horrigan,	Daughte					Terr., I	erwo	od, M	D 208	855	
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	1		30. Name and address of person w	ho completed caus	se of death (Iten	n 23a) (Type,	Print)							
1	+		Swaroop G. Rao,	M.D., 50	W. Edn	nonstor	n Drive,	#504	Rockvil:	Le, M	D 20	850		
	Sta	ite	31. Date filed (Month, Dey, Year)		Registrar's Signa					-				

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State

Registrar

DEC 2 3 1996

State of Maryland / Department of Health and Mental Hygiene 40801 Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth Yeer **Physician** Month 7.30Pm F-LOISE DECEMBER 23-1996 /Medicai 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner SOUTHERN ChINTON Hours Min. (Month, Dey, Year) PHINCE-MANY /HOD GEON GES 5. Social Security Number Birthpleca (Stata or Foreign Country) 6. Sax 7. Aga (In yrs. lest birthday) **Funeral** 1□M 20F Director 95 579-18-4481 Feb.9, 1901 Maryland Usual Residence of Decedent the Manyland 10e. State 10b. County 10c. City, Town or Location ns 23a or 28a-f show 10d. inside City Limits Director 1 ☐ Yes 2 ☐ No Washington, DC 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death with 187 35th Street, NE 20019 U.S.A. Funerai Herns 2 12. Wes Decedant Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American indien, Bleck, White, etc. filed within 72 hours after 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married ò 1 ☐ Yes 2 No Specify: Completed by Black 3 XWidowed 4 ☐ Divorced Specify: "natural", 16a. Decadant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elemantery/Secondery (0-12) 8th marked other than Collage (1-4or 5+) Hygiene. Cab Driver Transp. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Fages 1 and 2 should be 1 William H. Washington Louise Johnson 19e. Informant's Neme/Ralationship (Type, Print) 19b. Malling Address (Streat end Number or Rural Route Number, City or Town, Stete, Zip Code) of Heelth a Maitland Dade (Niece) 2104 Glendora Dr., District Hgts, MD 20747 other t 20b. Plece of Disposition (Neme of cematary, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 0 H 0 1 ₺ Buriai 2 □ Cremetion 3 □ Ramovel from Stete Department o Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) incoln Memorial Cem. 12/27 Suitland, MD 21. Signature of Funerel Service Liberty 22. Nema end Address of Fecility
SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 sease, or com licetions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, lure. List only one cause on each line. Approximate interval Batween Onset and Death Physician Medical Immediate Cause (Final disease or condition resulting in deeth) **Examiner** Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to Immediata cause. Enter Underlying Cause (Disaese or injury thet initiated events resulting in daath) Last Pue Physician/Medical Due to (or as a consequence of): signed by the a Part ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ Completed 24b. Ware autopsy findings aveilabla prior to complation of cause of death? 24e. Was an autopsy performed? peed 1 Yas 20 No this certificate 1 Yas 2 No I or Attending Physician: after death.
Director: After this certifica director, Be 25. Wes case referred to medical 26. Pleca of Deeth (Check only one) Hospitel: 2 1 Yes 2 No 1 Inpatient Other: 4☐ Nursing Homa 5☐ Rasidence 6☐ Othar (Specify) 2 ER/Outpetient 3 DOA funeral 28a. Date of injury (Month, Dey Year) Certification: 27. Manner of Deeth 28h Time of 28d. Describe how injury occurred 28c. injury et Work? 1 Neturei 5 Pending 2 Accidant investigetion 1 Yas 2 No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Plece of injury - At home, farm, street, factory, offica building, etc. (Specify) filled in by 4 Homicide To the Hospital o within 24 hours af To the Funeral D completely filled i 1 Certifying Physician: To the best of my knowledga, death occurred et the time, dete end place, and due to the ceuse(s) and menner es statad.

2 Medicat Examiner: On the basis of exeminetion end/or invastigation, in my opinion, daeth occurred et the time, dete end place, and due to the causa(s) end menner stated. 29a. Cartifiar Medicai (Check only one) 29b. Signature and tiril of certifier 30. Name end addrass of person who completed cause of death (Itam 23a) (Type, Print) Deal 700 BLANCH LAXMI

State Registrar

31. Data filed (Month, Day, Year)

DEC 27

32. Registrer's Signature his Devidson

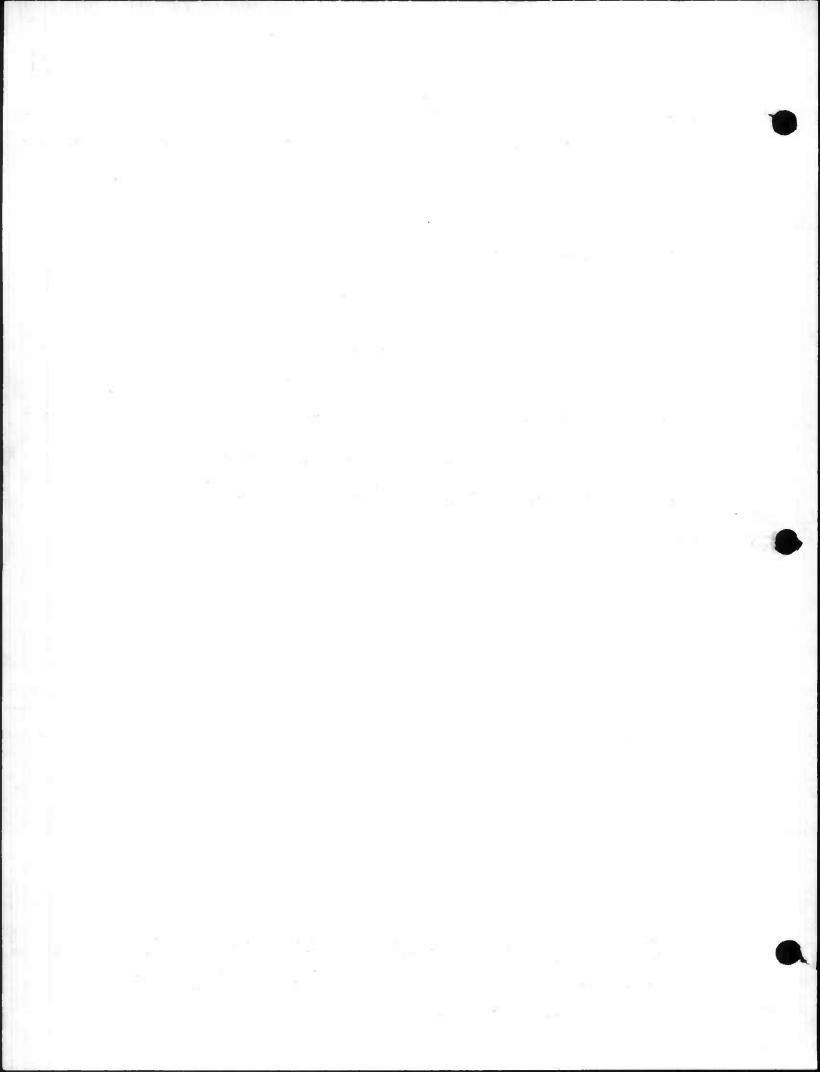
DHMH 16 Rev 6/95

21215-0020

Baltimore, Maryland

Box 68760,

Division of Vital Records, P.O.



State of Maryland / Department of Health and Mental Hygiene Q 5 40802

						Cer	tificate of	Death		В	eg. No.	20	4000	_
			1. Decedent's Name (First, Middle, L	ast)						2. Date of Dee	-		3. Time of Death	
-	Physic		Helen Cec	ilia McG	EHEE					Month Dec	22 1	996	12:44	D
ş	_/Medi		4a. Facility Neme (If not institution, gi		LIILL			4h City To	wn orlo	cation of Death	4c. County		12.44	r
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	Funeral Director			Sex 7. Age	(In yrs. last bi 72	Yrs.	Months Days		Min.	6. Date of Birth (Month, Day	Year) 1924	Coun	iace (State or Forei try) hingtonD	_
			Usuai Residence of Decedent		15					Aug. 25	191764	Wale	HILIE COID	
	P &		10a. State 10b. County		10c. City, Tow	m or Loc	cation					1	0d. inside City Limi	Is
	Aary	ö	100		0.33		D 1						1 2 Yes 2 □ N	lo
	the h	Director	MD. P.G.		Coll	Lege					0- 08			_
	P S						10f. Zip Code	nl o		1	Og. Citizen of V		try?	
	ath v	rai	9014 Rhode 1	sland Ave			207					S.A.		
	e de	Funeral	11. Meritei Stetus	12. Was Decedent Ev Armed Forces?	er in U,S.	13. V	Vas Decedent of Yes, specify Cul	Hispenic Ori pan, Mexicar	gin? (Spe 1, Puerto	cify Yes or No- Rican, etc.)		e - Americ		
20	or it		1 Never Married 2 Married	1 ☐ Yes 2 🔀 No		1	☐ Yes 21 No	Specify:			Specify			
8	irai.	d by	3 ₩ Widowed 4 Divorced	Year or Dates:							0,000)	Whi	te	
21215-0020	2 should be filed within 72 hours effer death with the Marylend and Mentel Hygiene. Is marked other than "natural", or itema 23a or 28a-f show surnatic event, the Medical Examiner must be notified at	Completed	15. Decedent's 8 (Specify only highest gi	ducation ade completed)	16a	(Give I	ant's Usuel Occu	dunna mos	t of worki	na	16b. Kind of B	usiness/Ind	dustry	
121	igh in	jdu	Elementary/Secondary (0-12)	College (1-4or 5+)	life. D	OO NOT use retire	ed)						
7	or the	ပ္ပိ	10			Hom	emaker					Home		
Pu	be file d othe event,	Be	17. Father's Name (First, Middle, Las	1)				18. Mothe	er's Name	(First, Middle, I	Maiden Suman	na)		
la	uld t Went rked rked	2	Charles	Benson					Mary	Alice	Welch			
Maryland	d 2 should th and Mer 7 is marke traumatic		19a. Informant's Name/Ralationship	(Type, Print)	198	o. Mailin	g Address (Stree	t and Numbe	er or Rura	al Route Number	r, City or Town,	State, Zip	Coda)	
	5 4 7 5		Helen C. Long (I	aughter)	85	510	49th. A	lve. C	olle	ge Park	MD.	2074	0	
re	other		20a. Method of Disposition		20b. Place o	of Dispos	sition (Name of natory or other ple	aca)	1	Date	20c. Location -	City or To	wn, State	
E	Pege ent ry or		1 ☑ Burial 2 ☐ Cremation 3 (4 ☐ Donation 5 ☐ Other (Spec				oln Ceme		13.3	2/27	Brent	wood.	MD.	
altimore,	permit. Peges 'Department of Himportant: If Ne any injury or of office.		21. Signature of Nuneral Service Lice			_	Name end Addr			.W.Chaml				-
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			23a. Part1. Enter the disease, or cor shock, or heart failura. List only	one cause on each line	ne death. Do	not ente	er trie mode of dy	ing, such as	cardiec	or respiratory arr	est,	1	Approximate Interval Between Onset and Death	
	Physician			121	1 11	-						1	Oriset sild Death	
18	/Medical Examiner		Immediata Cause (Final disease or condition rasulting in death)	a. 7/	ock									
В		<u>.</u>	rasulting in acquir	-5	ua to (or as a	/	uence of):	11		,			ne don't	
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	erificate be executed ling physician end se es the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate	D	ua to (or as a	consequ	uence of):			U			0	
68760,	cian cian ouria		Cause (Disease or injury	C										
87	sate ships in the l	Medical	that initiated events resulting in death) Last	D	ue to (or as a	consequ	uence of):							
9 ×	ing e	Me		d										
Bo	death cer e attendin ed for use			0			944							
0	be ad	Physician	Part II. Other significant conditions	contributing to death but	not resulting l	In the un	derlying causa g	ivan in Part I	1.	23b. Did to	obacco use co	ntribute to	the cause of deat	h?
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Ś	S 5 8	þ		210.2	1000	1	pr pro .							
Records,	v require been si should	Pe								24e. Wes a		24b. We	ere autopsy finding: ailable prior to	}
S	20 00	ple								pane.		co	mpletion of cause death?	
æ	0 - 0	Completed								10 Y	es 20 No	1.]Yes 2□No	
Vital		0	25. Was casa raferred to medical			-		26 Place	of Dooth	(Check only or			3700 2070	-
>		0	examinar? 1 ☐ Yes 22 No	Hospital:	2 ER/0	utnations	1 3□ DOA O	ther		me 5 Reside		ar /Specif	A)	
of		<u>-</u>	27. Manper of Daath	28a. Data of injury	28b.	Time of	28c. inju			28d. Describe h			//	-
Division	Attending Fire death. actor: Atter by the funer	tlo	1 ☑ Natural 5 ☐ Panding 2 ☐ Accident Investigation	(Month, Day	Year)	injury		ork?]Yes 2.⊟	No					
S	or Attendi after death Director: A I in by the f	fica	3 Suicide 6 Could not	De One Diseas of Indian	v - At home, fo	erm. stre	et, fectory, office			28f. Location (S	treet and Numb	er or Rura	l Route Number,	
S		Certification:	4 Homicide	building, etc.	(Specify)		,			City or Tow	n, State)			
	Hospital 24 hours Funeral etely filled		29a. Certifier 12 Certifying P	nysician: To the best of	mv knowledou	e death	occurred at the t	ime dete en	d place	and due to the c	ause(s) and me	nner se el	ated	
	Phos 24 h Fur etely	edical	(Check only 2 Madical Exa	miner: On the basis of a	xamination ar	nd/or Inv	estigation, In my	opinion, dea	th occurr	ed at tha time, d	ate and place,	and due to	the cause(s)	
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	Me	29b. Signature and title of certifier	W. 1	10		29c. Licen	ise number		2	9d. Date signe	d (Month.	Day, Year)	
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			· · · · · · · · · · · · · · · · · · ·			_					CHIE	H	23,199	P
	, L		30. Name and address of person with	completed cause of dea	th (flgm 23a)	(Type, F	Printy La	n S	10	urel	. MD	20	724	
			31 Date Shed Ottomb Commission	1700 4	· Summer				Col	(-	(
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Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40803 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month RAWIC 12 MARZO 4e. Facility Name (If not institution, give streat and number 4b. City. Town, or Location of Death 4c. County of Death SILVER SPRING MAD /dxp/m HOLY CRUSS MONTGOMORY 5. Sociei Security Number 6 Sex If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) 9. Birthplaca (State or Foreign Country) 15₹M 2□F Months Deys Hours Yrs. 709-09-5294 Sept. 7, 1913 Italy Usuel Residence of Deceden 10b Counts 10c. City, Town or Location 10d. Insida City Limits 1 □ Yes 2 ™ No Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1901 Arcola Avenue 20902 USA 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: 11. Marltai Status Wes Decedent of Hispanic Origin? (Specify Yas or No if Yas, specify Cuban, Maxican, Puarto Rican, etc.) Rece - American Indian, Black, Whita, atc. 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yas 2 No Specify: Specify: 3 ₩ Widowed 4 Divorced White 15. Decedent's Education 16e. Decedent's Usuai Occupation 16b. Kind of Business/Industry (Give kind of work dona during most of working life. DO NOT usa retired) (Specify only highast grada completed) Elementery/Secondery (0-12) College (1-4or 5+) Mechanic Electrical 17. Father's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) Pete Marzo Maria Giogiappo 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary Lou Tweed 621 Whitman Drive Tunersville, New Jersey 08012 20b. Plece of Disposition (Nama of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burlel 2 ☐ Cramation 3 ☐ Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Cemetery 12/24/96 Brentwood, Maryland 21. Signeture of Funeral Service Licensee 22. Nama and Address of Fecility Francis J. Collins Funeral Home, Inc. 23a. Pant. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiretory errest, Approximate Approximate Approximete Interval Between Onset and Death Immediete Ceuse (Final MYUCKOIN INTARCTION 75 mmulos disaasa or condition resulting in deeth) Due to (or es e consequence of) STENESIS 4 your Due to (or es e consequence of): lowing Unruscanoni Due to (or es a consequence of) 1075ANS DENGENSION Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown CHOWERS POE TUMING

Physician /Medical Examiner

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attending physician for use es the buria

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signed by t

should I

certificate

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director,

page 2 has

certificate be

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

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Completed

Be

2

Certification:

Medical

Physician

/Medical

Examiner

10e Stete

Directo

Funeral

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Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at

the Meryland

death

Baltimore, Maryland 21215-0020

permit. Peges 1 and 2 should be filed within 72 hours a Department of Health and Mantel Hydene. Important: If item 27 is marked other than "natural", any injury or other traument.

Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last

24a. Was an autopsy performed?

24b. Wera autopsy findings availabla prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

25. Was casa referred to medical examiner?

Hospitei: 1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of

26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

2 No

27. Menner of Death 1 BNatural 5 Pending investigation 2 Accident

6 Could not be determined

28a. Deta of Injury (Month, Day Year)

28c. Injury at Work? 1 Yes 2 No 28e. Place of Injury - At home, ferm, street, factory, office bullding, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29e. Certifier

3 ☐ Sulcide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end piace, and due to the cause(s) and menner stated.

29b. Signature and title of

29c. License number

29d. Data signed (Month, Day, Year) 12-22-96

30. Name and eddress of p who completed cause of deeth (Rem 23e) (Type, Print)

2730 UNIVERSUY BLUD W # 310 WHOTON, MD 20902 KOBISET L. Kostuson, un 31. Date flied (Month, Day, Year)

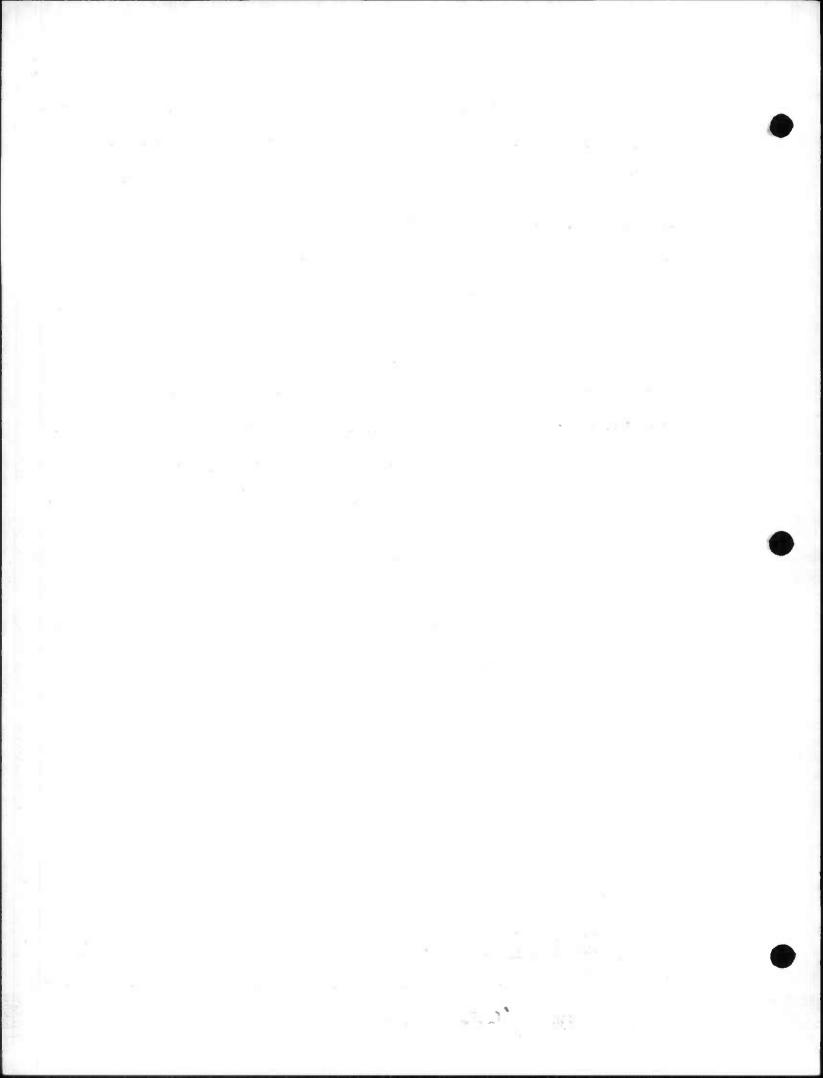
State Registrar

DEC 24



DHMH 16 Rev 6/95

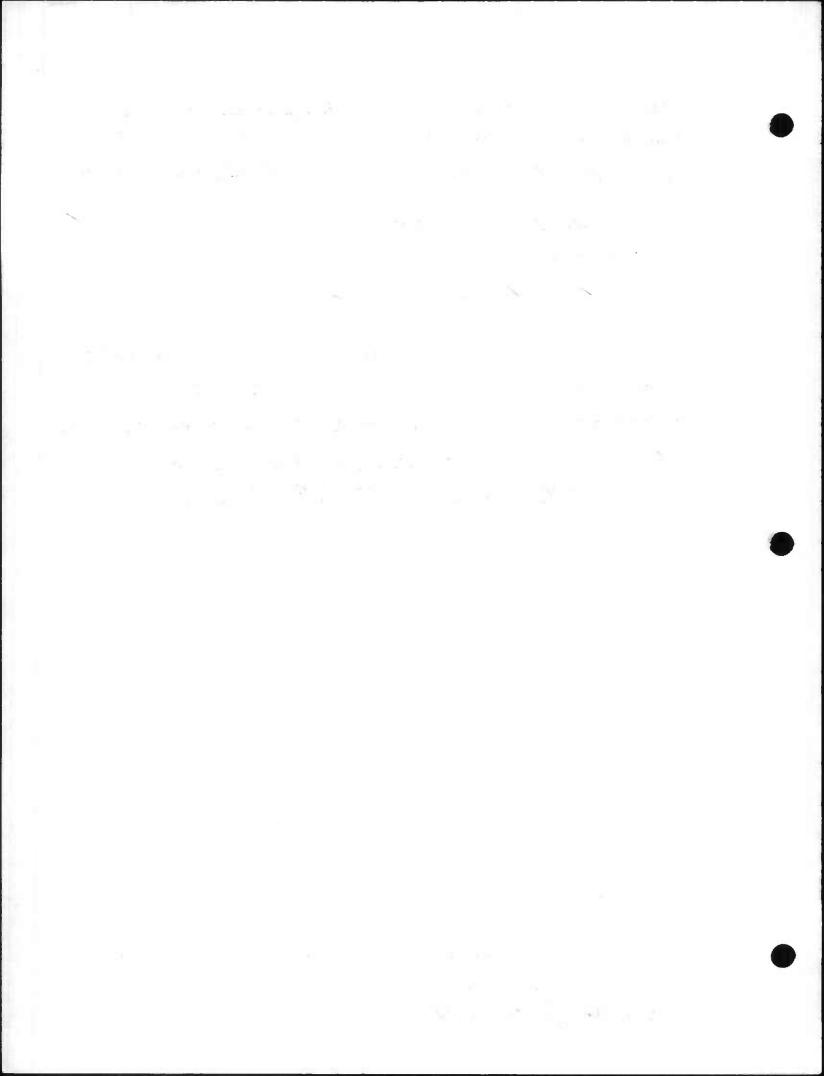
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State of Maryland / Department of Health and Mental Hygiene or

					,	Certif	icate of		R	leg. No.	b 4U	804	
	Division		1. Decedent's Neme (First, Middle, L.	ast)					2. Dete of Dee	th		Time of Deeth	
	Physici /Medi		LARRY	LANKFORE)		n	MILL SR	Month .	Dey	Yeer 1496 0	1614	
	Exami		4a. Facility Neme (If not institution, gi	The state of the s				4b. City, Town, or L	ocation of Deeth	4c. County	of Deeth		
			PENINSULA REGIONA	AL MEDICAL	CENTE	R		SALISBU	JRY	W	ICOMICO		
	Funeral Director		216-38-8739	Sex 7. Ag	ge (In yrs. last 55		Under 1 Year onths Deys	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey 07/29/1	Year) 941	9. Birthplace (Country) MARYLAN	(Stete or Foreign	
	pur *		Usuel Residence of Decedent 10a. State 10b. County		10c City T	own or Location	on				10d le	side City Limits	
	the Marylar 28a-f ahow notified	5	- Val. 1/12	1700								Yes 2 No	
	28e-	ect.	MARYLAND WICOM 10e, Street end Number	1100	PA	RSONSB	URG Of. Zip Code			log. Citizen of N			
	th with	ā	4507 POWELL SCHO	OL BOAD		'	21849	1			S.		
	leath	era	11. Meritel Status	12. Was Decedent	Ever in U.S.	13. Wes			pecify Yes or No-		xe - American Inc	dian.	
21215-0020	2 should be filed within 72 hours after death with the Manyand and Mental Hygiene. is marked other than "natural", or items 23s or 28s-f show surnatic avent, the Medical Examinet investive notified as	by Funeral Director	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Z Yes 2 I Yes, Give Yeer or Detes:	No		yes 2 No	Ilspanic Origin? (Sp en, Mexican, Puerto Specify:	Rican, etc.)	Specify	ck, White, etc.		
0-0	"natural",	Completed	15. Decadent's E	ducation	1	6a. Decedent	s Usuel Occup	ation		16b. Kind of B	usiness/Industry		
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	od wil	000	12			TRUCKD	RIVER			SOFT C	RINK CO		
Maryland	should be filed and Mental Hygi marked other imatic avant, i	Be	17. Father's Neme (First, Middle, Las	t)				18. Mother's Nem	ne (First, Middle, i	Meiden Sumen	ne)		
yla	Meni Meni	2	HARRY L. MUIR					MARGARE	T NUTTER				
Var	s i and 2 should be filed if Health and Mental Hyg tem 27 is marked other other treumatic avant,		19e. tnforment's Neme/Reletionship	(Type, Print)				end Number or Ru					
	is 1 and 27 Health item 27 I		VIRGINIA MUIR			4507 P	OWELL S	CHOOL RO					
Baltimore,	Pages 1 nant of H ref. If its rry or of	0.0	20a. Method of Disposition 1 Burial 2 □ Cremetion 3 E	☐Removel from Stete	20b. Plece	e of Disposition of the	in (Name of any or other ple	00)	Dete	20c. Location -	City or Town, S	tete	
Ë	nit. Pa sartmen ortant: injury 8.		4 □ Donaties 5 □ Other (Speci	ify)	ST.			EMETERY	12/29	ORIOLE,	MD.		
Sal	emil epar ny in ng in		21. Signature of Funeral Service Lice	ngae .		HTNI	me and Addre	ss of Facility IERAL HOMI					
_	20260		Texes L. W.	uxu)	M00295	116	73 SOME	RSET AVE	. PRINC	ESS ANN	IE. MD.	21853	
	11 3		ent 1. Enter the disease, or con shock, or heart feilure. List only	nplications that caused one cause on each li	d the deeth. D	Do not enter th	e mode of dylr	ng, such es cardiac	or respiratory err	est,	Appr	roximete val Between	
	Physician	/									Onse	et and Deeth	
	/Medical Examiner		Immediate Cause (Finel disease or condition resulting In death)	e 11E	ABT	BL	-0 EK				1.	1-779	
			resulting at deetil)		Due to (or as	a consequen	ce of):				1		
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	rificate be executed to physician and as the burlat-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events		Due to (or es	e consequen	ce of):						
68760,	be e		cause. Enter Underlying Cause (Disease or Injury	c. /t)	CVK						İ		
687	tificate og phy as the	Physician/Medical	resulting in death) Last		Due to (or es	a consequent	ca of):				1		
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Box	eath cert attendin I for use	clar							The same				
o.	y the	ıysı	Pert II. Other significant conditions	contributing to death b	ut not resultin	g in the under	tying cause giv	en in Pert I.				cause of death?	
<u> </u>	that the dended by the sadetached	by Pi	NIDDM						181	98 2⊔ No	3 Probably	4 Dunknow	
Records,	The law requires that the death cer ate has been signed by the attendir page 2 should be detached for use	Completed b							24e. Wes a perfor		avaliable	utopsy findings e prior to ion of cause ?	
č	The law ate has page 2	E							1 🗆 Y	es 2 No	1 ☐ Yes	2 □ No	
Vita		0	25. Wes case referred to medical					26. Piece of Dee	th (Check only or	ne)			
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l of	g Phys er this neral d		27. Menner of Deeth	28e. Dete of Inju	iry 28	b. Time of	28c. Injur Wor		28d. Describe h				
Ö	Attending or death. Sector: After by the fune	atio	1 Neturel 5 Pending 2 Accident Investigation		y roar,	tnjury		Yes 2 □ No					
Division	at or Attending P after death. I Director: After to d in by the funera	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Inj	ury - At home c. (Specify)	, farm, street,	fectory, office		28f. Location (S. City or Town	treet and Numb	per or Rural Rou	te Number,	
	fall all all all all all all all all all												
	To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by th	edical	29e. Certifier 1 A Certifying Pl (Check only one) 2 Medicat Exam	hysician: To the best miner: On the besis o end menner st	rexaminetion	dge, death occ end/or Investi	curred et the tir getion, in my o	ne, dete and piece, pinion, deeth occur	end due to the c red at the time, d	euse(s) and ma lete end pleca,	anner as stated. and due to the o	æuse(s)	
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			Dennis	1 1h	vedn.	wh-	02	0412		12/2	0/9/		
			30. Name and address of person who	completed cause of d	leeth (ttem 23	e) (Type, Prin		- / /			115		
			DENNIS 1. CHOD	NICKI Y	103 QU	LINCY .	2 .72	ALISBUR	1 mo.	21841			
	Sta	te	31. Dete filed (Month, Dey, Year)	li davelar	ar's Signeture								
	Registr	ar	DEC27 1996 Ju	the dianter or b	rattall								

DHMH 16 Rsv 6/95



State of Maryland / Department of Health and Mental Hygiene

40805 Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Date of Deeth 3. Time of Death **Physician** 07:42 PM PAUL MCDONALD DECEMBER 24, 1996 /Medical 4e. Facility Neme (If not institution, give straet end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner GEORGES HOSPITAL CENTER CHEVERLY PRINCE PRINCE GEORGES If Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Dey, 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 1 X M 2 □ F 179-14-1563 73 Director 1923 Pennsylvania Usual Residence of Decadent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location / is marked other than "natural", or items 23a or 28a-f show traumatic event, tre Medical Examples insust to notified as 10d. Inside City Limits Director 1 ☑ Yes 2 ☐ No MD Prince George's Landover Hills 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6523 Perry Street 20784 U.S.A. 2 should be filed within 72 hours efter death and Mental Hygiene.
Is marked other than "natural", or items 23. Funerai 12. Was Dacedent Ever in U,S. Armed Forcas? 11. Marital Status 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Rece - American Indien. 1 X Yes 2 No If Yes, Give Yaer or Detes: 1942-48 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ White 3 Wildowed 4 □ Divorced Specify: Completed 15. Decedent's Education (Specify only highest grede completed) Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 8 Supervisor Marble & Tile Industry 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middla, Maiden Sumema) Be Patrick McDonald Martha Daly 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 end 2 st Department of Health and Important: If Item 27 is m any Injury or other traun once. Diane McDonald - Daughter 6523 Perry Street, Landover Hills, Maryland 20784 20b. Pleca of Disposition (Neme of cemetery, cremetery or other pleca) 20e. Method of Disposition 20c. Locetion - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removal from State 4 Donetion 5 Other (Specify) St. Francis of Assisi Cemetery 12/30/96 Drishore, PA of Funeral Service Libens 22. Name end Addrass of Fecility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each lina. Approximata Intervel Between Onset end Death Physician /Medical Immediate Ceusa (Finel disease or condition resulting In deeth) . HYPEKTENSIVE ARTERIOSCUEROTIC CARDIOVASCULAR DISEASE Examiner Due to (or as e consequenca of): Examiner The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest and Due to (or es e consequence of) physician s the burial Box 68760. Physician/Medicai Due to (or as a consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? ed by 1 Yes 2 No 3 Probably 4 Unknown CHRONIC OBSTRUCTIVE PULMONARY DISEASE þ 24b. Were eutopsy findings aveileble prior to completion of ceuse of death? 24a. Wes an autopsy Completed 2 X No certificate 1 Tyes 1 ☐ Yes 2 ☐ No I or Attending Physician: after deeth. Director: After this certifica Be 25. Wes case referred to medical 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manner of Deeth Certification: 28b. Time of Injury 28e. Dete of Injury (Month, Dev Year) 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident the 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) illed in by 4 Homicide within 24 hours a To the Funeral D Hospital edicai to Certifying Physician: To the best of my knowledge deeth occurred at the time, dete end pleca, end due to the cause(s) end manner as steted.

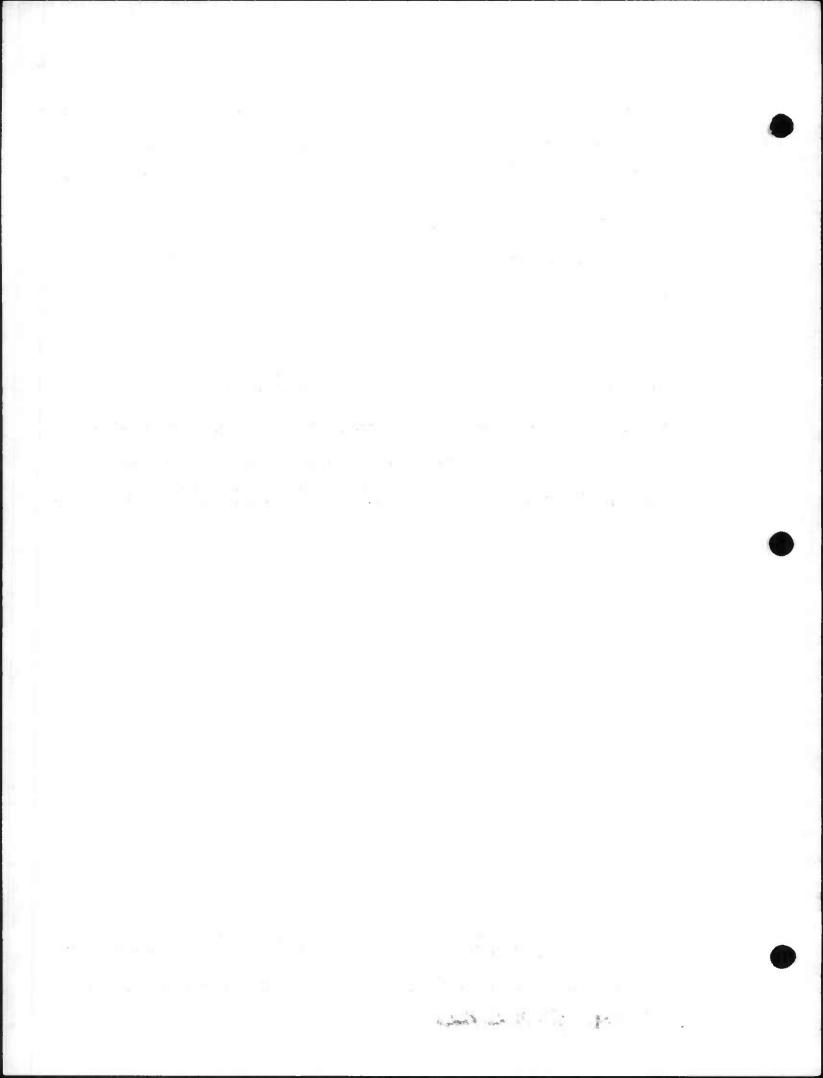
2D Medical Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) and menner steted. 29e. Certifler 2 29b. Signetule and title of certifiar 29c. License number 29d. Date signed (Month, Day, Yeer) DEPUTY MEDICAL EXAMINER D 33954 DECEMBER 24, 1996 30. Neme and address of person who completed tause of deeth (Item 23a) (Type, Print) HOSPITAL DRIVE, CHEVERLY, MARYLAND 20785 GOLUE JR. MO 3001 MARIO F 31. Dete filed (Month, Dey, Year)
DEC 2 7 1996 32. Registrer's Signeture State

DHMH 16 Rev 6/95

Registrar

					laryland	/ Depa	rtment of I tificate of	Health a Death	and M	R	eg. No.	6 L	10806
п	Physic	ian	Decedant's Nema (First, Middle, Las							Dete of Dee Month	Day	Year	3. Time of Death
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	Funerai Director			_M 2M F	81	Yrs.	Months Days	Hours	Min.	8. Deta of Birth (Month, Day	Year)	Cour	whate (State or Foreign stry)
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	ylan		10a. Stata 10b. County		10c. City, 7	Town or Loc	cation					1	0d. Insida City Limits
	Ma The	ş	MD Prince G	eorge's	Green	belt							1 ☑ Yas 2 ☐ No
	or 28	Director	10e. Street and Number				10f. Zip Coda			1	Og. Citizen of	What Cour	ntry?
	th wi	al	6944 Hanover Par	kway			20770				U.S.A.		
	r dea	Funeral	11. Merital Status	12. Was Decedent Armed Forcas	Ever In U,S.	13. W	as Decedent of h	lispanic Orig	in? (Spe	cify Yes or No-		e - Amaric	
Maryland 21215-0020	swithin 72 hours after death with the Maryland ilens. I than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	by	1 ☐ Nevar Married 2 ☐ Merried 3 🕅 Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ It Yas, Giva Yaar or Dates:	No		□Yas 2₺ No			induit atony		v: Whi	
7		Completed	15. Decedent's Edi (Specify only highest grad	ucation fa com <i>plated)</i>	1	16a. Deced	ant's Usual Occup kind of work dona O NOT usa ratire	pation during most	of worki	ng	16b. Kind of B	usinass/Ind	dustry
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an	교육 호 •	Be c	Frank Bury					Eva			Waldell Guillal	na)	
2	should b nd Mente marked	2	19a. Informant's Name/Relationship (T	vna Printl		10h Mailin	Addrass (Street				City of Town	State Zin	Code
<u>8</u>	2 9 9 9		000										
ē,	of Haalth Item 27 It other tra		Muriel E. Mooney 20a. Mathod of Disposition	- Daugni	20b. Plac	e of Dispos	Vanessa lition (Nama of		, La		20c. Location		
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Baltimore,	교원관등		21. Signatura of Funarai Sarvice Licens		FOIL		oln Ceme			27/96	prentwo	, DOC	Maryland
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_	-		23a. Part 1. Entar tha disaasa, or comp	Jeur	d the death		739 Balt					lle, l	
a			shock, or haart tailura. List only o	na causa on aach i	line.	DO NOT ANTA	i tha moda or dyi	ng, such as t	Dar Giac G	r raspiratory an	est,	1	Approximata Intarvai Batween Onsat and Death
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	g phys as the	0	rasulting in death) Last		Due to (01 as	a consequ	arioo orj.						
ROX	eath certific attending p	Physician/M		d									
	0 0 2	sick	Part II. Other significant conditions co	ntributing to death b	out not rasultir	no in tha un	darivino causa ok	van in Part I.		23b. Did to	obacco use co	ntribute to	the cause of death?
Ö.	£ 6 1	th.					,				es 2 No		10
	ires that signed b	by											
Records,	been sign should be	pe								24a. Was a perform	n autopsy ned?	av	ara autopsy findings sllable prior to
ĕ	AG 68	Completed											mpletion of causa death?
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VIta		Be C	25. Was case rafarred to medical					26. Placa	of Death	(Check only on	ia)		
	4 0.5	To	axaminer?	Hospitai:	ant 2 ER	VOutpatient	3□ DOA Oth			na 5 🗆 Reside		ar (Specif	y)
וס ר	g Phys her this neral d		27. Mannar of Death	28e. Data of Inju (Month, Da		Bb. Time of Injury	28c. Inju		1	28d. Dascribe ho			
0	Attending r death. actor: Alte by the fune	atic	1 Alatural 5 Pending invastigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , ,	11.10.1		Yas 2□N	No				
DIVISION	9652	Certification:	3 Suicida 6 Could not be 4 Homicida dataminad	28a. Place of In building, at	jury - At home tc. (Specify)	a, farm, stre	at, factory, offica		2	86. Location (Si City or Town	treet and Numb n, Stata)	ber or Rura	I Routa Number,
)	To the Hospital or within 24 hours afte To the Funeral Din completely filled in	edical (29a. Cartifler (Check only one) Certifying Phy	elcian: To the best ner: On the basis of and manner st	of axamination	dga, daath and/or inve	occurred at the tile astigation, in my o	ma, data and opinion, daati	f place, a	nd dua to tha co	ausa(s) and me ata and piace,	annar as st	tated. the cause(s)
	To the within To the comple	×	29b. Signetura and titla of cartifier	Boo			29c. Licens	a number	-	2	9d. Data signe	d (Month,	Day, Year)
•				1 Mil	WO		D -	545	> 2.	7	Decembe	r 23,	1996
•			30. Nama and addrass ot person who co	omplated causa of o	daath (Itam 23	Ba) (Type, F	Print)	*					
			J.S. Rao, M.D.	4000 Mitc	hellvi	.11e R	oad, #22	20, Bo	wie,	Maryla	nd 2071	6-310	01
	Sta	ite	31. Data filed (Month, Day, Year)		rar's Signature								

Registrar DEC 27 1996 Juli Dander Rendell



96-7321-033

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I. 27. PER MED. State of Maryland / Department of Health and Mental Hygiene. 96 10007

Physici /Medi	an	1. Decedent's Name (First, Middle, Le					2. Date of Dea	Day		. Time of Death
		CHARLES	D.		MCKAMEY	JR.	DEC 2		9 6 Year	9:17 A
Examir	er	4e. Fecility Neme (If not institution, give				4b. City, Town, or Lo	cation of Death			
Europal		PRINCE GEORG 5. Social Security Number 6. S		TAL e (In yrs. lest l	oirthday) If Under 1 Yea	CHEVERL r If Under 24 Hrs.	8 Date of Birth		e Geor	V
Funeral Director			☑ M 2□ F	44	Yrs. Months Days		8. Date of Birth (Month, De) 01 23	1952	Washin	gton, D
M H		10a. Stete 10b. County		10c. City, To	wn or Location				10d.	Inside City Limits
	ctor	Maryland Prince (George's	Land	over					1⊠ Yes 2□No
9 S	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of \		
m 23a	eral	6732 Hawthorne St			20785			U.S.A		
if Health end Mental hygiene. Itam 27 Is marked other than "natural", or itema 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Year or Dates:		1 Yes 2 No	Hispanic Origin? (Spe ben, Mexican, Puerto I Specify:	City Yes or No- Ricen, etc.)	Specify	ce - American I ck, White, etc. v: Blac	
Seal S	ted	15. Decedent's Ed	lucation	16	a. Decedent's Usuel Occu	pation		16b. Kind of Bi	usiness/Industr	у
Nan °r	Completed	(Specify only highest gra Elementery/Secondary (0-12)	College (1-4or 5	+)	(Give kind of work done life. DO NOT use retin	ed) ed)	ng	D 4		
her th	Cor	11th 17. Father's Name (First, Middle, Last)			Laborer	1		Priva		
ed ou	Be		ey, Sr.			18. Mother's Neme			10)	
mark mark imatic	To	19a. Informant's Neme/Relationship (1		19	b. Meiling Address (Stree		Smith		State Zin Cor	(a)
27 is		Gwendolyn McKame			732 Hawthori					
of Hei		20a. Method of Disposition			of Disposition (Neme of ery, cremetory or other pla		Date	20c. Location -		
Important: If any Injury or once.		1 ☐ Burlel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify			apeake Crema	. 12	2/28	Beltsv	ille, M	laryland
Important: If itam 27 any injury or other to once.		21. Signeture of Funeral Service Licen	1 .		22. Neme and Addr					
2 = 9		Nanay A.	Perconlu	ર		over Road,			rvland	20785
		23a. Part1. Enter the disease, or comp shock, or heart failure. List only	olications that caused one cause on each lin	the deeth. Do	not enter the mode of dy	ing, such es cerdiac o	r respiretory are	rest,	App	proximate erval Between
ysician /ledical		Immediate Ceuse (Final							On	set end Death
aminer		disease or condition resulting in death)	a.		ARDIOVASCULAR	DISEASE				
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physician and s the buriel-transit	edicai Examiner	Sequentially list conditions,	b	Due to (or es	consequence of):					
cian a	Ē	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events	•							
physic the t	dice	that initiated events resulting in deeth) Last	C.	Due to (or es e	consequence of):					
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otten 1 for u	ciar	Date Of the Control o								
achec	Physician/N	Part II. Other significant conditions co	entributing to death but	t not resulting	in the underlying cause gi	iven in Part I.				cause of death?
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as been signed by the a 2 should be detached	ם						- the	es 2 No	Ye	s 2 No
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State of Maryland / Department of Health and Mental Hygiene 96

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- 43	uneral		· · · · · · · · · · · · · · · · · · ·	Age (In yrs. I	Mon	nder 1 Yea ths Deys		lin. 8. Dete of (Month,	Birth Dey, Yeer)	9. Birthple	ece (State or Foreign
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with the Maryland	or 20	lre	10e. Street and Number			Zip Code			10g. Citizen of	Whet Countr	ry?
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deeth	ES	Funeral Director	11. Maritel Stetus 12. Was Deced	lent Ever in U,	S. 13. Wes D	ecedent of	Hispanic Origin?	(Specify Yes or Jerto Rican, etc.)	No- 14. Red	e - America	n Indien,
offer o	5	E	Armed Ford 1 Never Merried 2 Married 1 Yes 2		-5/ If Yes,			ierto Rican, etc.)	Ble	ck, White, et	tc.
5-0020 72 hours efter	2.8	by	3 ☐ Widowed 4 ☒ Divorced If Yes, Give	2 No 12	-57 1 Ye	s 200 No	Specify:		Specif	1. DI	1.00
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should Men	nerk	10	WILLIAM M. MAT	HEW_				TRUDE		OKS	
Maryland 12 should be file h end Mental Hy			19a. Informent's Neme/Reletionship (Type, Print)		19b. Meiling Add	1			nber, City or Town,		
1 and Health	m 27		ALBERT W. MATRIEWS		1606 Koi		LEWIS AU	V. UPPER	MARIB	oro p	10 20774
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68760,	physician s the buria	/Medical	thet infleted events	Due to for	es e consequence	00.	1	/			/-
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Division Hospital or Attending 24 hours after death.	in De										
Hospital 24 hours	ly fil	Ca C	29e. Certifier Check only 2 Medical Examinar: On the basis	est of my know	riedge, deeth occurr	ed et the ti	me, dete and ple	ice, end due to th	e ceuse(s) end me	nner as stet	led.
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To the within 2	Tot		29b. Signeture end title of certifier			29c. Licen	se nu <i>m</i> ber		29d. Dete sigge	d (Month, De	ay, Year)
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene G.C. 1-2-97 CR Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Vee **Physician** ALEXANDER MCCLANAHAN **DECEMBER 24, 1996** 8:30 pm. /Medical 4a. Fecliity Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner DOCTORS HOSPITAL COMMUNITY LANHAN SEABROOK PRINCE GEORGE'S CO. If Under 1 Yeer If Under 24 Hrs. Hours Min. 9. Birthplace (State or Foreign County) 7. Age (In yrs. last birthdey) **Funeral** Months 235-28-038 **Director** Usual Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show item 27 is marked other than "natural", or items 23a or 28a-f show other traumstic event, the Marical Experient runs for noutred at 1 Yas 2 □ No Director 10f. Zip Code 10e. Street end Number 10g. Citizen of Whet Country? U.S.A 2074 Funeral Wes Decedent Ever In U.S. Armed Forces? 14. Rece - American indian, Bleck, White, etc. 11. Meritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) filed within 72 hours after Hygiana. 2 No 1943 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 if Yes, Give Year or Dates: þ 1945 3 Widowed 4 Divorced 3/901 Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) wark Guard d 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) should be find Mental I mc Clanahan 1ex 0 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20743 19a Intorment's Neme/Relationship (Type, Print) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is m any injury or other traum Konald 20a. Method of Disposition Burlal 2 Cremation 3 Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) (em 22. Name and Address of Fecility 3910 21. Signeture of Funeral Service Licensee SILVE Jenuce Hodges + Educads 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in death) ENCEPHALOPATHY Examiner Examiner attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events CARDIOMYOPAT Box 68760. Physician/Medical Due to (or as a consequence of resulting in death) Last Division of Vital Records, P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Inknown þ 24b. Were autopsy tindings evallable prior to completion of cause of death? 24e. Wes en eutopsy Completed 2 000 1 Yes 2 No 1 Yes 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 00 Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) ⁰ 1 Impatient 2 ER/Outpatient 3 DOA in 24 hours effect death. 27. Manner of Death 28d. Describe how injury occurred Certification: Matural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide Placa of Injury - At home, tarm, street, tactory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated. 29a. Certifier (Check only one) To the within 2 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 29c. License numbe

30. Name and address of person who completed cause of death (Item 234) (Types Print) V

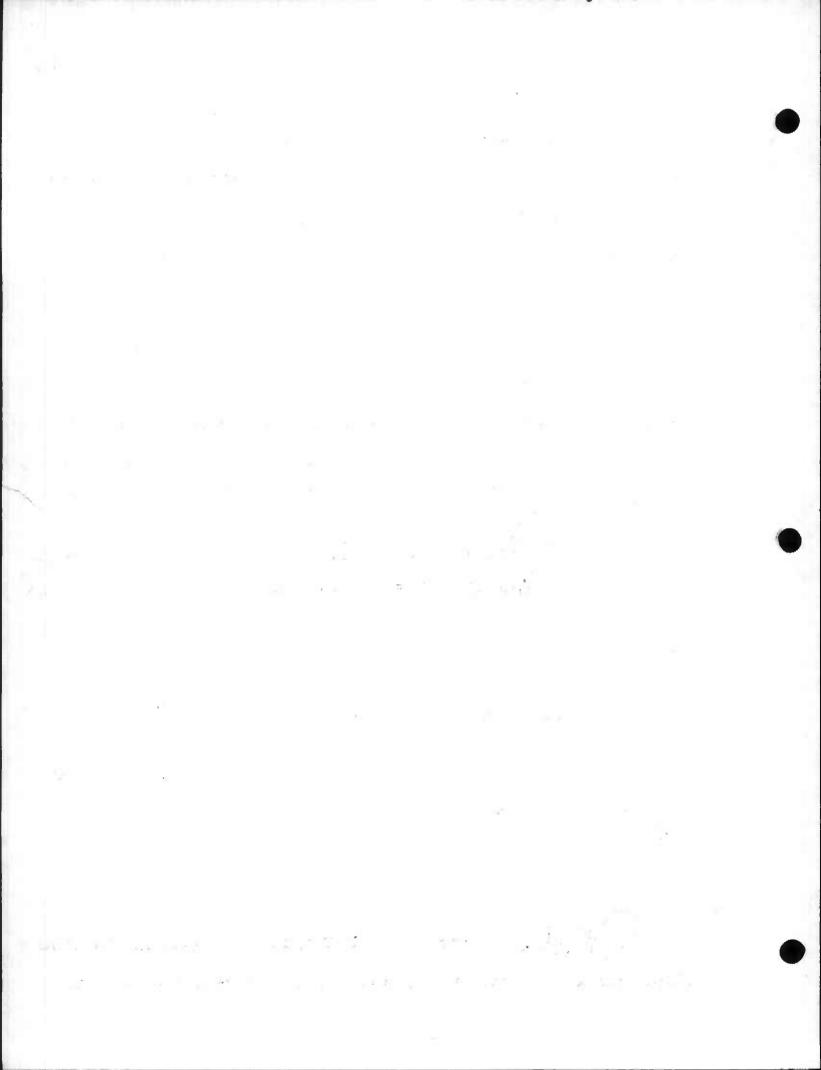
12. Registrer's Signature

Registrar

State of Maryland / Department of Health and Mental Hygiene

	d Danishada Ma			(Certificate of	of Death	1	ng. No.	40010
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Health and Maniel Hygiene. tem 27 is marked other than "natural", or items 23s or 28s-1 show other traumatic event, the Medical Exeminer must be notified at To Be Completed by Funeral Director	1 Never Mai	rried 2 Married 4 Divorced	1 ☐ Yes 2 🔀 I If Yes, Give Year or Dates:	No	1 ☐ Yes 2 🔀		o moan, etc.)	Specify:	White, etc.
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page page							1 ☐ Ye	s 20 No	1 ☐ Yes 2 No
E 0 0	25. Wes case refe examiner?	rred to medical				28. Place of Dee	th (Check only on	9)	
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ector: After by the fune lification	3 Suicide 4 Homicide	6 Could not be determined	One Clean of Init	ury - At home, ferm, c. (Specify)	street, factory, offi		28f. Location (St. City or Town		r Rural Route Number,
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death Month **Physician** John William Novak December 7:43 AM 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 101 Odendhal Avenue #914 Gaithersburg Montgomery 6. Sex 1 Ø M 2 ☐ F 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. (Month, Day, 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funerai** Days Months 203-16-7154 69 Yrs. 1927 PennsyTvania Director Usuel Rasidence of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside Cltv Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, ins Modical Examiner must be notilised at 1 X Yes 2 No Director Maryland Montgomery Gaithersburg 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 101 Odendhal Avenue #914 20877 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian, Biack, White, etc. filed within 72 hours efter Hygiane. 1 Never Merried 2 Married 1 M Yes 2 □ No If Yes, Give Yeer or Dates: 1946-47 Specify: white 1 ☐ Yes 2 No Specify. by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Commercial Leasing Elamantary/Secondary (0-12) College (1-4or 5+) salesman 4 Company 12 should be filed w h end Mental Hygian I's marked other ti 17. Fathar's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) Be Alexander Novak Victoria Peters To 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 st Department of Health end Important: If item 27 is m any injury or other traum Velma Dean Novak 101 Odendhal Avenue #914, Gaithersburg, MD 20877 20b. Place of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete Date 1 X Buriel 2 ☐ Cremation 3 ☐ Removal from State Maryland Veterans Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 12-26 Cheltenham, Maryland 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Rapp Funeral Services, P.A. 933 Gist Avenue, Silver Spring, Maryland 0 20910 23e. Pert 1. Enter the disaase, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** Immediata Cause (Final disease or condition resulting In death) /Medical cardiopulmonary arrest **Examiner** Dua to (or as a consaquance of): Examiner metastatic lung cancer the burial-transit Saquantially list conditions, if any, laading to immediate ceuse. Enter Underlying Causa (Disease or Injury that Initiated events resulting in death) Lest Due to (or as a consequance of): attending physician and certificata be execu Physician/Medical Due to (or as a consequence of): use as The law requires that the death Part It. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 1 Yes 2 No 3 Probably 4 Unknown by Completed 24e. Wes an eutopsy 24b. Were autopsy findings aveilable prior to completion of ceuse of death? performed? hes page 1 ☐ Yas 2 No 1 Yes 2 No certificate Be 25. Was cese referred to medicel examiner? 26. Place of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 A Residence 6 Other (Specify) 10 this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28c. Injury at Work? Certification: 26d. Describe how Injury occurred or Attending Parter death.

Director: Affart of In by the funant Affart 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be detarmined 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) within 24 hours after To the Funeral Direc complataly filled in by 4 Homlolde Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceusa(s) and manner as stated.
2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated. edicai 29a. Certifier (Check only one) within 2 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D41373 30. Nama and address of person who completed ceuse of death (Item 23a) (Type, Print) 3800 Reservoir Road, NW, Washington, D.C. Said Baidas, M.D. 31. Date filed (Month, Day, Year) 32. Registrar's Signature

ul Davidson-Aandelle

State Registrar

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Baltimore, Maryland 21215-0020

Box 68760,

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Division of Vital Records,

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😢 Certifying Physician: To the best of my knowledge, deeth occurred et tha tima, data and placa, and dua to tha ceuse(s) and menner as steted. 2 Medical Examiner: On the besis of exeminetion and/or investigetion, in my opinion, death occurred at the time, date and place, and dua to the causa(s) end manner stated.

29c. Licansa number

204 Gorman Are # T-1. Lawrel, MD 20707.

29d. Data signed (Month, Day, Year)

12-20-96

State Registrar

Medical

29a. Cartifier

31. Data filed (Month, Day, Year)

29b. Signatura and titla of partifiar

32. Registrar's Signature phi dedicor Rea

30. Nama and address of person who complated causa of death (Item 23a) (Typa, Print)

24 hours Funeral

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth **Physician** Month 90 /Medical 12 4e. Fecility Neme (If not institution, give street end namber) 4b:-Gity, Town, or Location of Death 4c. County of Deeth Examiner owleu 0CD non Month, Day, Year) 13,1968 5. Sociel Security Number Sex 1⊕ M 2□ F 7. Age (In yrs. lest birthdey 9. Birthplece (State or Foreign **Funeral** Deys 28 229-71-1562 Director Usuei Residenca ot Decedent 10b. County 10a State 10c. City, Town or Location 10d. inside City Limits traumatic event, the Medical Examiner must be notified at 1 Yes 2000 Maryland Prince Georges Directo Hvattsville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20873 2217 University Blvd. # 302 Brazil pemit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mental Hygiene. Important: If itam 27 is marked other than "natural", or items 23a and hijury or other traumatic event, the Medical Examples means once. by Funeral 12. Wes Decedent Ever In U,S Armed Forces? 1 ☐ Yes 2 ☐ No It Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American indian, Bieck, White, etc. 1 Never Merried 2 Merried 1월 Yes 2□No Specify: Brazilan 3 ☐ Widowed 4 ☐ Divorced Specify: white Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Accountant Accounting 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Luis Carlos Pugeti Helena Gomes 2 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Creusa F. Almeida/wife 2217 University Blvd. #302 Hyattsville, MD 20873 20b. Plece of Disposition (Neme of cemetery, cremetery or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriei 2 ☐ Cremetion 3 ☐ Removel from State Metropolitian Crematory Dec. 29,1996 Alexandria, VA 4 ☐ Donetion 5 ☐ Other (Specify) Signature of Funeral Service Licegie 22. Name and Address of Facility Takoma Funeral Home, Inc. 254 Carroll St. NW Washington, DC 20012 ella el combinations that caused the deeth. Do not enter the mode of dying, such as cardlec or respiretory errest, only one cause on each line. Approximete intervel Between Onset end Deetl **Physician** /Medical immediate Cause (Final diseese or condition resulting in deeth) Examiner ue to (or es a consequence of) Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Physician/Medical Due to (or es e consequenca ot): Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evallable prior to completion of cause of deeth? Be Completed 24e. Wes an eutopsy performed? 25. Was case reterred to medical exeminer? 26. Piece of Deeth (Check only one) 1 Yes No 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of injury (Month, Day Year) 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending investigation 2□ Accident 1 Tes 2 No 6 Could not be determined 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Sulcide 28e. Plece of Injury - At home, term, street building, etc. (Specify) fectory, office 4 Homicide

Certifying Phyalcian: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and manner es steted.

| Medical Examiner: On the best of examination end/or investigetion, in my opinion, deeth occurred at the time, dete and plece, and due to the cause(s) end menner steted.

29c. License number

Box 68760, 2 The law requires that the death certificate Division of Vital Records, P.O. or A To the Hospital

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Нета 23а

21215-0020

Baltimore, Maryland

State Registrar

Medicai

31. Date filed (Month, Day, Year)

29b. Signeture and title of certific

29e. Certifier

of death (item 23e) (Type, Print)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended # 46. P.G.C. 1-6-97 Certificate of Death 0.0 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month 10:30 AM JOSEPH NATHANIEL PUGH DECEMBER 24, 1996 /Medical FOUND 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner # Under 1 Year | if Under 24 Hrs. | 8. Date of Birth | 9. Birthplace (State of 3616 JEFF ROAD 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** Birthpiace (State or Foreign Country) 1⊠M 2□ F Days Yrs. 219-56-2202 **Director** 1949 South Carolina Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow 1 Ves 2 No Director Maryland | Prince George's Landover 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 6 7842 Michelle Drive 20785 U.S.A. Herrs 23a Funeral death 11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specity Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American indten, Black, White, etc. Armed Forces?

1 X Yes 2 No 9/25/
If Yes, Give
Year of Dates 1970 to 1 □ Never Merried 2 ☑ Married "natural", or 1 ☐ Yes 2X No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry should be filed within 7, and Mental Hygiene. Eiementery/Secondary (0-12) College (1-4or 5+) Government Tank Commander 1 +17. Father's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) . Pages 1 end 2 should be fill ment of Health and Mental Hant: If tem 27 is marked oth lury or other traumatic even Be James William Pugh Wilma Long 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Patricia A. Pugh/Wife 7842 Michelle Drive, Landover, Maryland 20785 20b. Plece of Disposition (Name of cemetery, cremetary or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 12/31 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Maryland Veterans Ceme. 1996 Cheltenham, Maryland 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility J. B. JENKINS FÜNERAL HOME Nance Porcen 7474 Landover Road, Landover, Maryland 20785 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. **Physician** Immediate Cause (Finat disease or condition resulting in death) /Medical HYPERTENSIVE ARTERIOSCUEROTIC CARDIOVASCULAR DISEASE Examiner Due to (or as a consequence of): Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of) physician s the buriel Physician/Medical Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting to the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Vunknown DIABETES MELLITUS þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 s certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical exeminer?
1 No 2□ No Be 26. Place of Death (Check only one) parents Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) residence Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 1 Neturet 28e. Dete of Injury (Month, Dey Yeer) 28b. Time of fnjury 28d. Describe how injury occurred 28c. Injury at Work? After 5 Pending investigation 2 Accident 1 ☐ Yes 2 ☐ No

The law requires that the death certificate be executed Box 68760. P.O. Records,

Baltimore, Maryland 21215-0020

Division of Vitai Hospital or Attending Physician: 24 hours after death. Funeral Director: A filled in by tely To the Within 2 To the

(Check only one) A 29b. Signature And little of certifier

6 Could not be determined

Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29c. License number DEPUTY MEDICAL EXAMINED D 33954 DECIMBER 25, 199 DECLAMBER 25, 1996

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

MARYLAND 20785

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) F. GOLLE JR M.D U 3001 HOSPITAL PRIVE, CHEVERLY

31. Dete filed (Month, Dey, Year)

32. Registrer's Signature

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Registrar

Medical

3 Suicide

29a. Certifier

4 Homicide



Let a Section 1

State of Maryland / Department of Health and Mental Hygiene 40815 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month May Esther Pummer December 19, 1996 5:20 am /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 19529 F Gunners Branch Road Germantown Montgomery If Under 1 Yaar if Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funerai** Months Days Hours 1□ M 2₩ F Vrs 174-24-8186 66 Director Aug 19, 1930 Pennsylvania Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28a-f show traumstic event, the Medical Examinat must be notified at 10d. Inside City Limits Directo 1 ☐ Yes 2 ☐ No Maryland Montgomery Germantown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 19529 F Gunners Branch Road 20876 United States 12. Was Decedent Ever In U,S. Armed Forces? 14. Race - American Indian, Black, White, atc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Ricen, etc.) permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene. Important: If hem 27 is marked other than "natural", or their any injury or other traumetic event, the Medical Exemp 1 ☐ Never Married 2 X Marriad 1 ☐ Yas 2 ☐XNo If Yes, Give Year or Dates: 1 ☐ Yes 2 XNo Specity: ۵ Specify 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grada completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Clerk Retail 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumama) Be 2 Herman Edward Love Margaret McLaughlin 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19529F Gunners Branch Rd., Germantown, MD 20876 Walter John Pummer, husband 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stata 12/21 1 D Burial XCremation 3 □Removal from 5 Other (Specify) 1996 Metropolitan Crematory Alexandria, Virginia 21. Signatu Funeral Sucrice Licensee 22. Name and Address of Facility DeVol Funeral Home 10 East Deer Park Dr., Gaithersburg, MD 20877 M or complications that caused the death. Do not enter the mode of dylng, such as cerdiac or raspiratory arrest, at only one ceuse on each line. **Physician** /Medical Immediate Cause (Final LUNG YCARS disease or condition resulting in death) Examiner Due to (or as a consequence of Examiner ician and buriel-transit Sequentially ilst conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in death) Last Due to (or as a consequence of): ettending physician for use es the burie Physician/Medical Due to (or as a consequence of) signed by the et d be deteched fo Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of deeth? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed peed hes page 2 certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director, 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 ☐ Nursing Home 5 A Residence 6 ☐ Other (Specify) 2 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28d. Dascribe how Injury occurred Medical Certification: 28c. Injury at Work? 5 Pending investigation PONetural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlcide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) end manner as stated. 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) end menner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signad (Month, Day, Year) D32407 December 19, 1996 30. Neme and address of person who completed cause of beath (Item 23a) (Type, Print) Joseph M. Haggerty, M.D., 9707 Medical Center Dr., Rockville, MD

10

that the death certificate be executed

Box 68760

P.O. I

Records,

Division of Vital

the Maryland

death

Baltimore, Maryland 21215-0020

State Registrar

31. Dete filed (Month, Dey, Year) DEC 2 3 1996

32. Registrer's Signeture ilia Davidson

DHMH 16 Rev 6/95

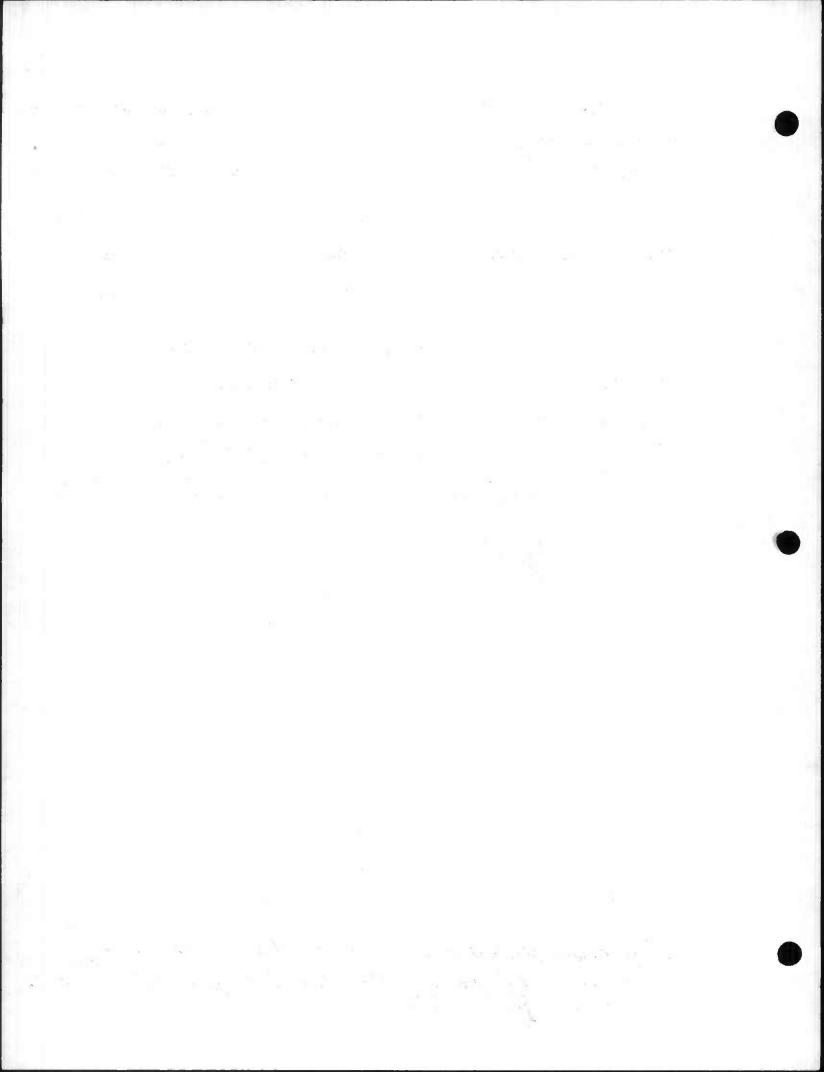
State of Maryland / Department of Health and Mental Hygiene

40816 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Daath 3. Time of Death **Physician** headore December 20 1996 8:22 pm /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Prince Georges County Hospital Prince Georges Cheverly 8. Date of Birth (Month, Day, Year) A112. 26, 1930 5. Social Sacurity Number If Undar 1 Year | if Undar 24 Hrs. 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foraign **Funeral** SBX 1DM 2□F Days Hours South Carolina 250-42-5447 Vrs Director 66 Usual Rasidence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show treumstic event, the Medical Examiner must be notified at Director Y☐ Yes 2 No Washington, D.C. 10e. Street and Number 10f. Zip Code 10g, Citizan of What Country? ò 1412 Newton Street, N.W. 20010 Herrs 23a United States Funeral 12. Was Decedent Ever in U,S.
Armed Forces?
1 ②Yes 2 □ No
If Yes, Giva
Year or Dates 1951-1955 Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 72 hours after 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 ŏ 1 ☐ Yes 2 No Specify: Black þ 3 ☐ Widowed 4 🕅 Divorced "naturel", Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "n any injury or other treumatic evant memory. Elemantary/Secondary (0-12) College (1-4or 5+) Service Station Attendant Service Station 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Solomon Porter Olivia Richards 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Anthony Porter (Brother) 3602 62nd Avenue, Landover, MD 12/27/96^{20c.} Location - City or Town, State 20a. Method of Disposition 20b. Place of Disposition (Nama of cametery, crematory or other place) 1 X Burial 2 Cramation 3 Removal from State Quantico National Cemetery Quantico, Virginia 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Addrass of Facility McGuire Funeral Service, Inc. 21. Signature of Funeral Sarvice Licenses 7400 Georgia Avenue, Washington, D.C. 23a. Part/ Entar the disease, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Causa (Final disease or condition resulting in death) **Examiner** infarction F myocardial physician and the bunal-tran Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Diseasa or Injury that Initiated avants rasulting in death) Last Box 68760. HyperKalemia Physician/Medical Due to (or as a consequence of): DNOCK P.O. signed by the a d be detached f Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Completed by Records. 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy 1 Yes 200 No 1 □ Yes 2 □ No Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, s Be 25. Was case referred to medical 28. Place of Death (Check only one) Hospital: 1 ☑ npatient 2 □ ER/Outpatient 3 □ DOA 10 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Division of 27. Manner of Death 28c. injury at Work? 28d. Describe how injury occurred Certification: 28b. Tima of Natural 5 Pending investigation 1 ∏Yes 2 ∏No 2 Accident 6 Could not be detarmined 3 Sulcida 28f. Location (Straet and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide edicai DECCertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signatura and titla of certifian 29d. Date signed (Month, Day, Year) 30. Name and address of person who complated cause of death (Item 23a) (Type, Print) Prince George's Hespita 31. Date filed (Month, Day, Year) State DEC 2 4 1996 Registrar

DHMH 16 Ray 6/95



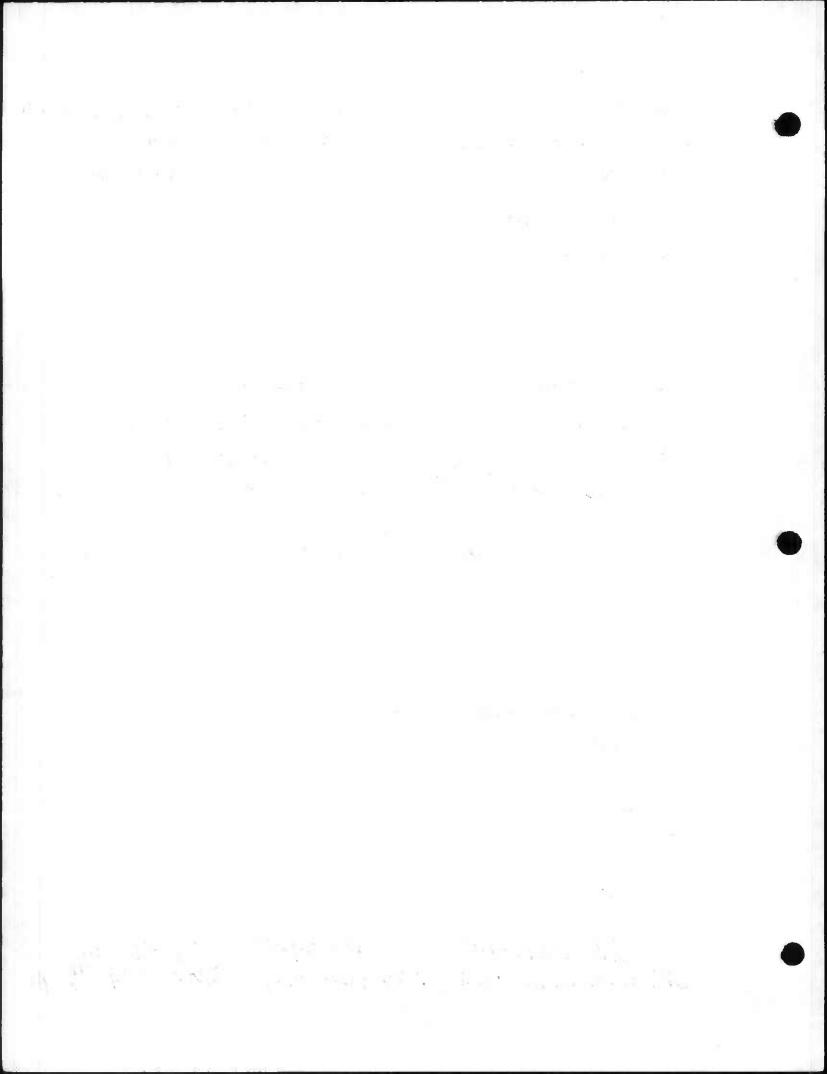
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and a			19a. Informant's N	ame/Reletionship	(Type, Print)		19	b. Meilin	g Address	(Street	end Numb	er or Rur	al Route Numi	ber, City or Tox	vn, State, Zij	o Code)	
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State of Maryland / Department of Health and Mental Hygiene

40818 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death ISTEL **Physician** Month DEC 3:45 AM 23 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth **Examiner** 4c. County of Deeth Takoma Park Montgomery Washington Adventist Hospital if Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Sociei Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** Birthplece (State or Foreign Country) 1 X M 2 □ F Yrs. Director 577-10-0678 Sept. 82 1914 Baltimore, MD Usual Residence of Decedent with the Maryland 10a State 10b. County r than "natural", or items 23s or 28s-f show the Medical Exampler must be notified at 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 No MD Prince Georges Adelphi 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20783 USA 2104 Rolander Street Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No 13. Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, permit. Pages 1 end 2 should be filed within 72 hours after Department of Health end Mental Hygiene. If them 27 is marked other than "natural", or item or other traumatic event Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 If Yes, Give Year or Dates: 1 Yes 2 No Specify: Be Completed by Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grade completed) 18e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) College (1-4or 5+) Structural Engineer Navy Department 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Emma Reed William Henry Pistel 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2104 Rolander Street, Adelphi, MD 20783 Irma W. Pistel 20a. Method of Disposition 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 X Buriai 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) 12/27/96 Brentwood, MD Fort Lincoln Cemetery 21. Signature of Fugeral Service Licensee 22. Name and Address of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd. W., Silver Spg., MD 20901 ons that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ause on each line. rval Bat Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury) Due to (or as a consequence of): P.O. Box 68760. physician Attending Physician: The law requires that the death certificate be Physician/Medical 94 Due to (or as a consequence of): USB BS ð Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably Unknown Division of Vital Records, Completed by 24b. Were eutopsy findings aveileble prior to completion of cause of death? 24a. Was an autopsy performed? certificate hes 2 No 1 ☐ Yes 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpetient 2 ER/Outpatient 3 DOA this 27. Menner of Deeth Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After t 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No 2 Accident s efter death 6 Could not be determined 3 ☐ Suicide in by t 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 6 To the Hospital o within 24 hours of To the Funeral DI completely filled is 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and plece, end due to the ceuse(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29e. Certifier (Check only 29b. Signeture and title of certified 29c. License number 2 1104 31. Dete filed (Month, Dey, Year) 32. Regetrar's Signature State 2 Registrar



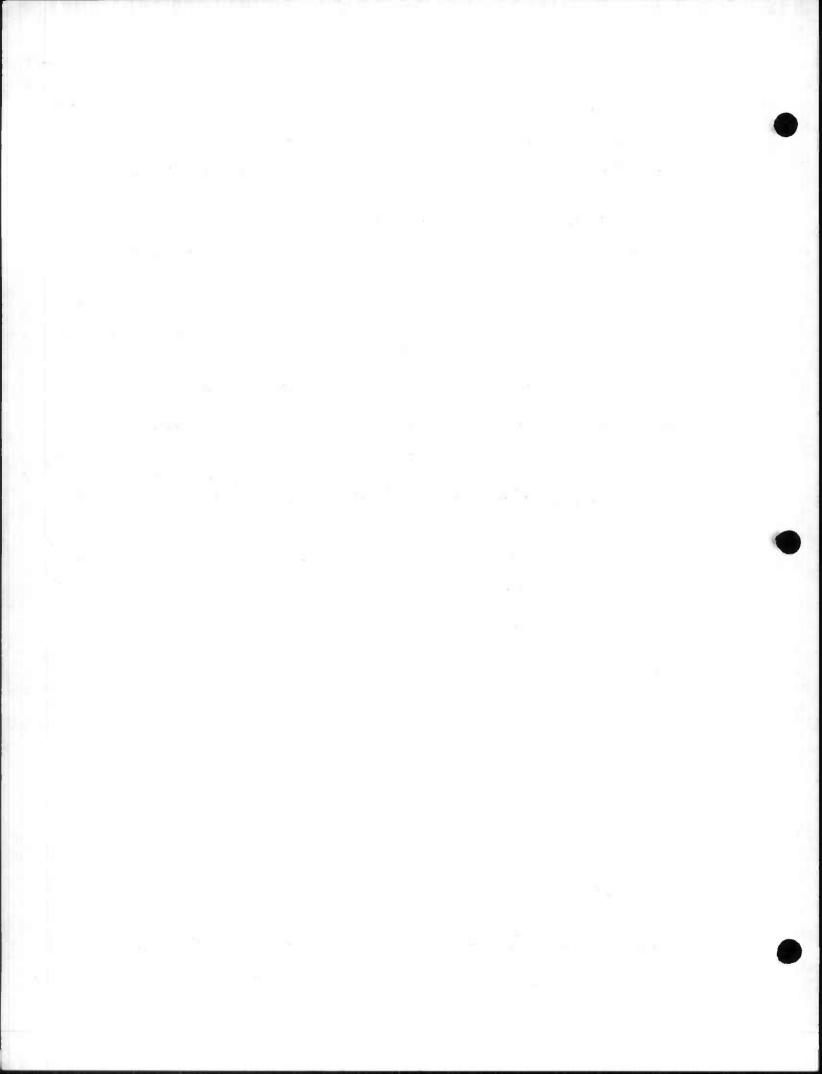
State of Maryland / Department of Health and Mental Hygiene

40819

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Baltimore,	おおりまる		21. Signature of Emeral Service	Licensee	'	,	22.	Nama an	d Addr	ass of Facili	ty Fr	ancis .	J. Coll:	ins Fi	ineral Home
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of	Physic this c	2	1 Yas 2 No			□ ER/Out	•		A		ursing Ho		idence 8 🗆 Ot		y)
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Division		E I	4 Homicida detam	ined Zoa. Placi	e ot injury - A ling, atc. <i>(Spe</i>	t homa, tar <i>icify)</i>	m, stre	et, fectory	, office	1		28t. Location City or To	(Street and Num own, Stata)	ber or Rura	I Routa Number,
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	To the Hospital or within 24 hours after To the Funeral Director completely filled in	Med	one)	and man	nnar stated.										
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	7		30. Nama and address of person	who complated cau	sa of death (I	tam 23a) (Гуре, Р	Print)		^		4.	- Va A	.02	0781
	5		PAN A LE	WORE M	47	103C	YVE	cens	be	my R	At	149प	suelle l	400	101
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State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate of	Death		F	Reg. No.		
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Physicia /Medic	- 1	Donna Juan		Paul					December	Day Z I	1996	9PM
Examin		4a. Facility Name (If not institution,	give street and nu	mber)	_		4b. City, To	wn, or Lo	cation of Death	4c. Count	y of Death	
		Suburban 1	Hospital				Beth	esda		1	Montgo	omerv
uneral			6. Sex	7. Aga (In yr	s. last birthday)	If Under 1 Yaa	r If Under	24 Hrs.	8. Date of Birt (Month, Day		7	place (State or Foreign
ector		474-30-1000	1 □ M 2 💢 F	65	Yrs.	Months Days	s Hours	Min.	May 30,	1931	Tenne	essee
		Usual Residence of Decedent										
10		10a. State 10b. County		10c. 0	City, Town or Lo	ocation					1	0d. Inside City Limits
Examiner must be notified at	5	Maryland Montgo	omery		Rockv	ille						1 Yes 2 □ No
2	Director	10e. Street and Number				10f. Zip Code				10g. Citizan of	What Cour	ntry?
		211 Hardy Place				2085	2			United	State	25
	Funeral	11. Marital Status		edent Evar In		Was Decedant of	Hispanic Orl	IgIn? (Spe	ocify Yas or No-	14. Ra	ce - Americ	can Indian,
		1 Never Married X Marrie	Armed F	2 💢 No		If Yes, specify Cul			Hican, atc.)	Bla	ack, Whita,	etc.
	by	3 Widowed 4 Divorced	If Yes, G Year or I	ive Datas:		1□ Yes 2⊠ No	Specify:			Speci	ty:	White
1	Completed	15. Decedent's	Education		16a. Dece	dent's Usual Occu	upation			16b. Kind of 8		
	pie	(Specify only highest Elementary/Secondary (0-12)		1-4or 5+)	life.	dent's Usual Occu kind of work done DO NOT use retin	e during mos: ed)	t of works	ng	Prince	Georg	ge's County
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	Be C	17. Father's Neme (First, Middle, La	ast)				18. Mothe	er's Name	(First, Middle,			
	To B	Raymond St	anley Ot	tensme	ver			Glen	da Help	inostir	10	
		19a. Informent's Name/Relationshi		-		ng Address (Stree						Code)
rueumanc		Edward G. Paul	Hushand	1	211 F	Hardy Pla	ace P	ocky	1110 M	arulan	1 200	0.5.0
jury or other tre		20a. Method of Disposition		20b	Direct of Disease	-101 /01			Date	20c. Location		
8		W Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spe		State	to of L	matory or other plane or the plane of the pl	ace Jan.	3,	1997	C4 1	Const	
		21. Signature of Funeral Service Li		Ga								ng,Maryland neral Home/
once.		A 1	241	4	Ro	ckville.	. Inc.	30	O W Mo	ntaomai	y Fui	neral Home/
	Ш	Metalel	1- Kud			ckville;					y Ave	
		23a. Part1. Enter the disease, or c shock, or heart feilure. List or	omplications that only one cause on o	caused the de each line.	ath. Do not ent	er the mode of dy	ring, such as	cardiac c	or respiratory er	rest,	1	Approximata Interval Between
ian			1				_				i	Onset and Death
al er		Immediate Cause (Final disease or condition	· An	OXIC	CUCPA	halopa quenca of):	ther					2 d
		rasulting in death)	4	Due to	(or as a consec	quenca of):	0					- 1
7	ine		- Ca	rdiac	arre	st						21
	Examiner	Sequentially list conditions,	0.	Due to	ûrre.	quence of):						
		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	A.	Icohol	with	drawal					1	5d
	v/Medical	that Initiated events resulting In deeth) Last	C		(or as a conseq	uenca of):					1	
	Ne Ne										1	
980	an		d									
8	Physician	Part II. Other eignificant condition	s contributing to d	eath but not re	esulting In the u	nderlying cause g	iven in Part I		23b. Did t	obacco use c	optribute to	the cause of death?
stached for	h								101	100 2 No	3 ☐ Prol	babty 4 Unknown
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Sano	Siet								perior	rmed?	CO	mpletion of cause deeth?
908	Completed								40.	as office		_/
olrector, pa		25 Was nace referred to madi	_						1 Y		11	Yes 20 No
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	To To	1 Yes 22 No 27. Manner of Death	28a. Dete		☐ ER/Outpatier 28b. Time o	I 3LI DUA	4 LI NU		me 5 Resid			y)
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	뉱	4 ☐ Homicide determin	ed 286. Place	e of Injury - At ing, etc. (Spec		eet, factory, office	,	1	281. Location (S City or Tow		Der OF HU18	Il Route Number,
	O										1. 1	
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	1	30. Name and address of person w	no completed caus	se of death (Ite	em 23e) (Type,	Print)	.1 - :	-	1 1 1	-//		
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State of Maryland / Department of Health and Mental Hygiene

					Certi	ificate of	Death		B	eg. No.	00	408	21
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	ician dical	ELLA	PACCION	ETTI					DEC.	19, 19	996	9:30	AM
	niner	4a. Facility Name (If not institution	n, give street end numbe	or)			4b. City, Tov	n, or Lo	cation of Death	4c. County		7.70	
		SHADY GROVE	ADVENTIST	HOSPITA	L		ROCKV	ILLI	Ξ	MONTGO	MERY		
Funer Direct	_	5. Social Security Number 143-09-6777 Usual Residence of Decedent	6. Sex 7. / 1 ☐ M 2 🟋 F	Age (In yrs. last b	J	If Under 1 Year Months Days	1	4 Hrs. Min.	8. Date of Birth (Month, Day SEPT. 2	Year) 7,1901	9. Birthp Cour GE	lace (State or F htry) RMANY	Foreign
wo m		10a. State 10b. County		10c. City, To	wn or Loca	tion						0d. Inside City	Limits
the Many 28a-f sh	Director	MD. MONT	GOMERY		OL	NEY						1 ¥ Yes 2	
23a or	ral Dir		OW BROOK LA			10f. Zip Code	832		1	og. Citizen of W	S.A.		
be filed within 72 hours efter death with the Manyland be filed within 72 hours efter death with the Manyland of other than "naturel", or items 23s or 28s-f show event, it wedgest Engineer must be notified.	by Funeral	3 ₩ Widowed 4 Divorced	H Yes Give	s? X No	If Y	s Decedent of less, specify Cub Yes 2 No	oan, Mexican,	in? (Spe Puerto	cify Yes or No- Rican, etc.)		k, White,	an Indian, etc.	
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Heal Heal other		BRUCE A. RC	TH/SON	20b. Placa		AS ITE	M #10		Date	20c. Location -	City or To	wn State	
permit. Pages 1 and 2 Department of Health a Important: If item 27 is any Injury or other tra		1 ☐ Burlal 2 🏋 Cremation 4 ☐ Donation 5 ☐ Other (S	3 □Removal from Stat pecify)	0		tory or other pla	•		12/21	RIVERI	-		
Physicia /Medica Examine	al	23a. Part1. Enter the diseese, or shock, or heart failure. List Immediate Cause (Final diseese or condition resulting in death)	complications that cause only one cause on each	ine.	not enter	the mode of dyl	ing, such as c	ardiac o		est,	, MD	Approximate Interval Between Onset and Dea	en
v requires that the death certificate be executed been signed by the attending physician and should be deteched for use as the bunal-transit	VMedical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	c	Due to (or as a	e conseque	nce of):							
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le law requires that the hes been signed by the ge 2 should be detech	Completed								24a. Was a perform	n autopsy ned?	COL	ore eutopsy find ellable prior to impletion of caus death?	
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Phys er this eral di	i.	27. Manner of Death	28a. Date of Inj	ury 28b.	Time of	28c. Inju		-	ne 5 Reside			")	
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after dea Director	Certification:	3 Sulcide 6 Could r 4 Homicide determ	28e. Placa of Ir building, e	njury - At home, f etc. (Specify)	arm, street	, factory, offica		2	8f. Location (St. City or Town		r or Rura	Route Number	
To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edical C	29a. Certifier 12 Certifyin (Check only one) 1 Medical (g Physician: To the best Examiner: On the basis and manner s	of examinetion ai	je, death oc nd/or invest	ccurred at the til tigation, In my c	me, date end opinion, death	plece, a	nd due to the ce	use(s) and mar ite and place, a	ner as st	ated. the cause(s)	
To the Within To the compli	Me	296. Signature and title of portion	W WI	Wh		29c. Licepe	10 4	789	7 I	Od. Date signed			96
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State of Maryland / Department of Health and Mental Hygiene 40822 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month DF.C. ELEANOR VIRGINIA PINKARD 7:55 P.M. /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CHARLES PHYSICIANS MEMORIAL HOSPITAL LAPLATA MD if Under 1 Year if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funerai** Deys Months Hours 1 □ M 2 💢 F Yrs Director 215-36-4898 May 21, 1941 Washington D.C. Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits Examiner rount be notified at Director 1 Yes 2 No Charles Maryland Indian Head 10e. Street end Number 10f Zip Code 10g. Citizen of Whet Country? 6 238 6370 Raymond Augustus Place death Funeral 20640 U.S.A. items ! 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Pages 1 end 2 should be filed within 72 hours after or and of Health and Mental Hydjane.
Int: If flem 27 is marked other than "natural", or fler inty or other traumatic event, the Minital Exercise. Black, White, etc. Yes 2 No f Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: þ 3 Widowed 4 Divorced Black Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 10 Homemaker Her Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Raymond Augustus Campbell Helen Washington 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marguerite Maxwell Sister P.O. Box 176, Indian Head, Md. 20640 20b. Place of Disposition (Name of cemetery, crematory or other place)

January 3,1997 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Department of Important: If any Injury or Glymont, Maryland St. Charles Cemetery 21. Signature of Funeral Service License 22. Name and Address of Facility Williams Funeral Home, P.A. sease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, lure. List only one cause on each line. 20640 Approximate Interval Between Onset and Death **Physician** Immediate Ceuse (Final disease or condition resulting in death) /Medical Examiner Examiner Hospital or Attending Physician: The law requires thet the death certificete be executed 24 hours after death.

Funeral Director: After this certificate has been signed by the attending physician end buriel-transit Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Last P.O. Box 68760. Physician/Medicai the Due to (or as a consequence of): s certificate has been signed by the attending p director, page 2 should be detached for use es Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Division of Vital Records. Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 20 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA filled in by the funeral 27. Menner of Death 1 ☑ Natural Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Yes 2 No 2 Accident 3 Sulcide 6 ☐ Could not be determined 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 24 hours a 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and manner as stated. Medicai 29a. Certifier 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner steted. within 2 29b. Signature and the of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of death (item 23a) (Type, Print)

32. Registre's Signature.

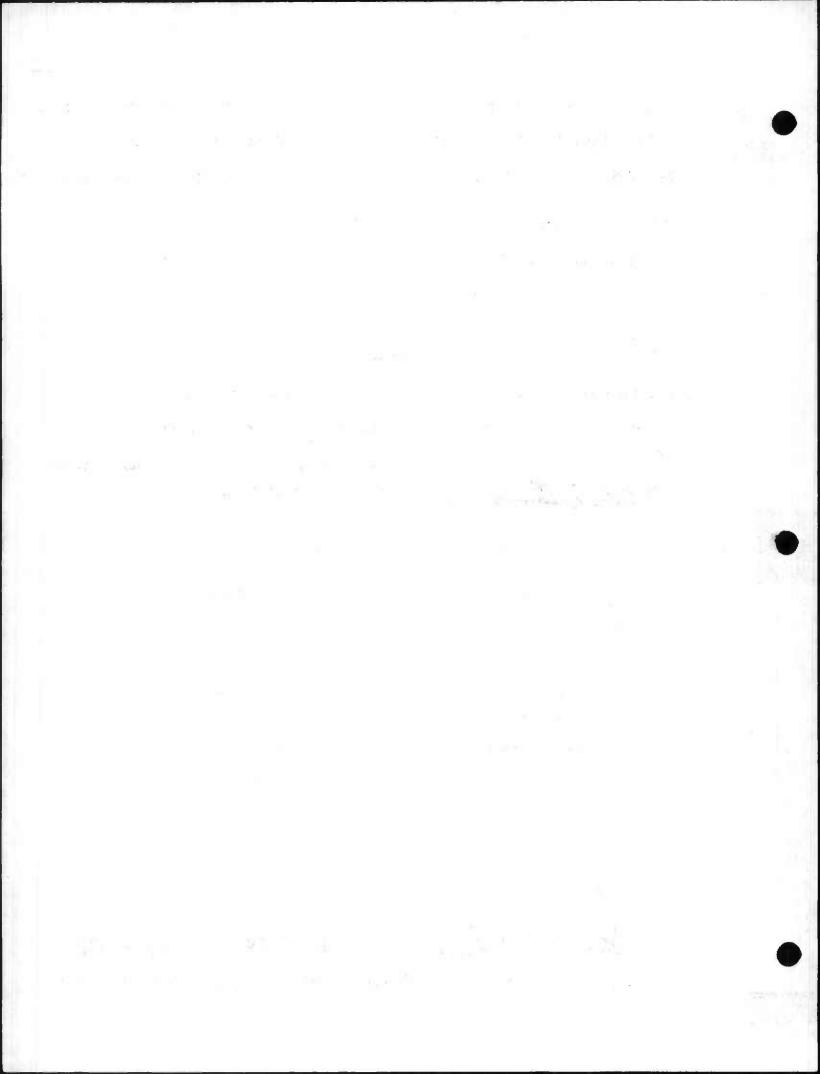
Cenna Medical Center 7C Post Office Rd. Waldorf, Md. 20602

Registrar

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State of Maryland / Department of Health and Mental Hygiene

				State of Marylar		artment of I		Mental Hy	giene (96	40823
			Decedent's Name (First, Middle, Les	st)	08	- Illiicale Oi	Dealli	2. Data of Dec	Reg. No.		3. Time of Death
н	Physic		NELLIE PIOTROV	*				Month	Dey	Year	
	/Medi Examii		4e. Facility Name (If not institution, give				4b. City, Town, or		er 21,		12:22 am
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	Funeral	1	5. Social Sacurity Number 8. S	ax 7. Age (in yrs.	lest birthdey)	If Under 1 Year	If Undar 24 Hrs	8. Dete of Birt (Month, De		-	ace (Stata or Foreign
н	Director		3/8-03-8046	□M 2\DF 88	Yrs.	Months Deys	Hours Min.	Jan. 2	7, 1908	Virgi	inia
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	fanyla aho	٥	20, 1132			OCATION				100	d. Inside City Limits 1 X Yes 2 No
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	with your	Ö	15005 Health Cent	er Drive		20716			U.S.A.	renat Counti	y t
	ms 2:	Funeral Director	11. Marital Status	12. Wes Decedent Ever In U	S. 13.	Was Dacedent of I	Hispenic Origin? (S	pecify Yas or No		ce - America	n Indian.
21215-0020	be filed within 72 hours efter deeth with the Maryland nat Hygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified.	þ	1 ☐ Nevar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Give Year or Detas:		If Yas, specify Cub 1 ☐ Yes 2 🖾 No		o Rican, etc.)	Specif.	ck, White, et y: Whi	
5-0	72 ho	Completed	15. Decedent's Ed (Specify only highast gra	lucation	16e. Dece	dent's Usuel Occup	pation	rkina	16b. Kind of B	usiness/Indu	ustry
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			William E. Mock -	,,		Augusta 1					
e,	f Health fem 27 i		20a. Method of Disposition	20b. F	Plece of Dispo	osition (Neme of metory or other ple		Data Data	20c. Location		
E	Pages nent of int: If its iry or o		1 Buriel 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Specify	Hemovel from State		nenny or onner pre Memorial		2/27/96	Fairfa	r. Vii	roinia
Saltimore,	permit. Pages 1 and 2 Department of Health i Important: If item 27 it any injury or other tra once.		21. Signeture of Funerel Sarvica Licen		2	2. Name end Addre	ess of Facility				
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	LAGIIIIIei	L.	rasulting in deeth)	Due to (d	r es e conse	quence of):					
	pe d	Examiner		b. —————————				·		- 1	
	tate be executed by sician and the burial-transit	хап	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury	Due to (o	r es e conse	quenca of):					
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89	ificate phy se the	edi	resulting In deeth) Last	Due to (o	r es e consec	quence or):					
Вох	eath certific attanding p	Physician/Me		d							
	death	sicia	Part II. Other significant conditions co	ontributing to death but not res	ulting in the u	indariving cause gi	ven in Pert I.	23b. Dld 1	obacco use co	ntribute to	the cause of death?
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Records,	v requires that the death certificate be executed been signed by the attanding physician and should be detached for use as the burial-transit	Completed	SIP-FX	- FPA	. 1 -	-Sportu	rally.		an autopsy mad?	avai	re autopsy findings ilabla prior to
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Š	al or A safter i Direct d in by	Certification:	4 Homicide	building, etc. (Specif	v)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Tox	vn, Stete)		
	P Hospital or 24 hours afte Funeral Direction of the control of th	edical (29e. Certifier (Check only one) 1 Certifying Phy 2 Medical Exam	/sician: To the best of my kno liner: On the baels of examine and menner steted.	wledge, deet tion end/or in	h occurred et the ti vestigetion, in my o	me, dete and plece opinion, deeth occu	, and due to the orred et the time,	cause(s) and modele end place,	enner es sta end due to t	ited. the cause(s)
	0 000	M	29b. Signeture end title of certifier	2200	^	29c. Licans	sa number		29d. Data signe	d (Month, D	ley, Year)
	(a)		• (Samo	0	17-	5456	77 , 1	December	23.	1996
	2/		30. Name and eddress of person who o			*					
(/		J.S. Rao, M.D. 4	000 Mitchellv	ille R	oad #220	, Bowie,	Maryland	1 20716-	-3101	

Jahr Dawalson Randell

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Registrar

State of Maryland / Department of Health and Mental Hygiene OC

Physician		Decedent's Name (First, Middle, Last		AGE		ate of		2. Date of De Month	Day Ye	3. Time of Death
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unerai rector			M 2⊠F 93		rs. Month		Hours Min.		y, Year) 1903 Mai	Birthplace (Stete or Foreign Country) ryland
% W	-	0a. State 10b. County	10	Dc. City, Town	or Location					10d. Inside City Limits
-f show fled at	5 7	Maryland Prince G	enree's	Hyatts	ville					1⊠ Yes 2□No
or 28a-f s be notified	1	0e. Street and Number	corge 5	nyaces		Zip Code			10g. Citizen of What	Country?
23a or mit per		5003 44th Avenue				783			U.S.A.	
r tems 23c	1	0003 44th Avenue	12. Was Decedent Eve	r in U,S.			lispanic Origin? (S an, Mexican, Puerl	pecify Yes or No		merican Indian,
) H		1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☒ No if Yes, Give Year or Dates:			7.5	an, Mexican, Puerl Specify:	o Rican, etc.)	Specify:	Title of the control
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sumetic event, the M		Elementary/Secondary (0-12)	College (1-4or 5+)		erk/typ				Civil Aer	onautics Board
event, Be C		7. Father's Name (First, Middle, Last)			. 71		18. Mother's Nar	ne (First, Middle	, Meiden Sumeme)	
9 11		Cornelius Jacob	T.ittle				Floren	ce Smith	1	
E		9e. Informant's Name/Reletionship (T)		19b.	Mailing Addre	ss (Street			per, City or Town, Stet	le Zin Code)
tran		Eugene Page - Sc		52		th Av				20737
othar t		0a. Method of Disposition		20b. Plece of	Disposition (N	leme of		Date	20c. Location - City	
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- I	12	1. Signature of Funeral Service Licans	A 11	30.						
any injury o		1 Henry 12	rent				asch's So imore Av		eral Home,	
ician	1	23a. Part 1. Enter the disease, or complete the complete	ications that caused the ne cause on each line.	death. Do n	ot enter the mo	ode of dyin	ng, such as cardiad	or respiratory a	rrest,	Approximate Interval Between Onset and Death
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2 should	_								en autopsy ormed?	b. Were autopsy findings available prior to completion of cause of death?
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director,		5. Was case referred to Medical examiner?	/				26. Place of Dea	ath (Check only	one)	
-	L	1 Yes 2 No	lospital: 1 Inpatient	2 ER/Out	patient 3 0	OOA Othe	er: 4 Nursing H	lome 5 Resi	denca 6 □Other (S	Specify)
		7. Manner of Death 1 □ Naturai 5 □ Pending	28a. Date of Injury (Month, Day Ye	ar) 28b. Ti	ury	28c. Injun Worl	k7	28d. Describe	how injury occurred	
	-	2 Accident investigation 3 Suicide 6 Could not ba	200 Pines of Inti-	At home for	M street factor		Yes 2□No	206 Lancelon /	Street on d Ministra	Rurel Route Number,
the funera	-	4 ☐ Homicide determined	28e. Piace of Injury - building, etc. (S	pecify)	n, street, tacto	ory, office		City or To	wn, State)	Hurei Houte Number,
the funera	ŀ			L'evenue	doath coourre	d et the tim	ne, dete end place	, and due to the	cause(s) and manner	
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be Funeral Director: After the funeral pletely filled in by the funeral coloral Certification:	25	(Check only one) 2 Medical Examin	ner: On the basis of exa and manner stated.	mination and	or investigetio	on, in my or	pinion, death occu	rred at the time,	dete and placa, end o	due to the cause(s)

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 40825 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death Month **Physician** Ricky er 500 Dec 26 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PRINCE GEORGES HYATTSVILLE MANOR NURSING FACILITY HYATTSVILLE 5. Social Security Number If Under 1 Yeer | If Under 24 Hrs. | 6 Sed 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Funeral 10 M 2□F -78-Months Deys Hours 800 SOUTH CAROLINA Director 40 Usuel Residence of Decedent with the Maryland 10a State 10b. County 10c, City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumetic avent, the Medical Examiner must be notified at 1 Yes 2 No Director MD. PRINCE GEORGES NEW CARROLTON 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 7713 RIVERDALE RD. #303 20784 Funeral death permit. Pages 1 and 2 should be filed within 72 hours effer deal Department of Health and Mental Hygiene. Important: if Itam 27 is marked other than "natural". *** in any lajury or other traumatic averages. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 11. Marltai Status 1 Yes 2 No If Yes, Give Yeer or Dates: 1

Never Merried 2

Married 1 ☐ Yas 2 X No Specify: ģ 3 ☐ Widowed 4 ☐ Divorced BLACK 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) Coilege (1-4or 5+) Private Construction 12th 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) BESSIE CHAPMAN OTHAR PATTERSON 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7713 RIVERDALE RD#303 NEW CARROLTON, MD. 20784 BESSIE PATTERSON/MOTHER 20e. Method of Disposition 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 □ Burial 2 □ Cremetion 3 □ Removel from Stete 12/31/96 SALUDA, S.C. 4 □ Donation 5 □ Other (Specify) CHURCH CEMETERY 21. Signature of Funeral Service Licanses 22. Name and Address of Fecility JOHNSON & JENKINS INC. 716 KENNEDY ST., N.W. WASH. D.C. 20011 no 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical immediate Cause (Finel disease or condition resulting in death) Examiner Examiner physician and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical attending USB ŏ signed by the a d be deteched i Perl II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 2 N6 1 TYes 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? been si 24a. Was an autopsy performed? Completed 2 No certificate 25. Was case referred to medical Be 26. Piace of Death (Check only one) examiner? Nursing Home 5 Residence 6 Other (Specify) Other: 2 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury at Work? After Natural 5 Pending death. Investigation 1 Tes 2 No 2 Accident or Attand after death Director: / 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) in by 4 Homicide To the Hospital of Milin 24 hours a Tothe Funeral Completely filled bellif filled Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) o completed cause of death (Item 23a) (Type, Print) MAID STREET LAUREL 32. Registrar's Signature 31. Dete filed (Month, Dey, Year) State **DEC 27**

Registrar

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State of Maryland / Department of Health and Mental Hygiene

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						Ce	ertificate	of Deat	h		Reg. No.				
	Physic /Medi		Decedant's Nama (First, Middla	, Last) Ma	ry E	3.	Parker			2. Data of Decemb	Day	Year 1996	3. Time of Death		
	Exami		4a. Facility Name (If not institution	giva street and n	um <i>bar)</i>			4b. City,	Town, or L	ocation of De		nty of Death			
			5724 Ottawa St.					Fore	st He	ights	Prin	ce Ge	orge's		
	Funeral Director		5. Social Sacurity Number 578–50–1627	6. Sax 1 ☐ M 2 💢 F	7. Aga (In yr.	s. last birthdaj Yrs.	Months D	aar If Und	lar 24 Hrs.	8. Date of E (Month, I	Birth Day, Year)	9. Birth Cou	pplaca (Stata or Foreign intry) achusetts		
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	how	_	10a. Stata 10b. County		10c. C	City, Town or	Location						10d. Insida City Limits		
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	23a	a	5724 Ottawa S	treet			207	45			U.S.	. A .			
	dea r	Funeral Director	11. Marital Status	12. Was Da	cedant Evar in	U,S. 13	Was Decedant	of Hispanic	Origin? (Sp	ecify Yas or N	No- 14. F	laca - Amari Biack, Whita			
21215-0020	should be filed within 72 hours after death with the Maryland of Mental Hyglene. marked other then "natural", or items 23a or 28a-f show imptic avent, the Medical Exercises marked by the received at	by	1 ☐ Navar Married 2 ☐ Marri 3 ☐ Widowed 4 🛣 Divorced		2 No iiva		1 □ Yas 2 亿			r noun, ato.,		city: Whi			
5-0	72 ho	Completed	15. Decedent' (Specify only highas	s Education	0	16a. Dec	edant's Usual O	ccupation	and of word		16b. Kind of	Businass/ir	ndustry		
21	Med	ple	Elamantary/Secondary (0-12)		(1-4or 5+)	lifa.	edant's Usual O ra kind of work o DO NOT usa r	ona during m etired)	ost of work	ang					
	d wil	OT		4	(, , , , , , , , , , , , , , , , , , ,	Tax	Law Spe	cialis	st		Feder	al Go	vernment		
pu	office very	Be (17. Fathar's Nama (First, Middle, L	ast)				18. Mo			la, Maidan Surn				
la	should be filed with ind Mental Hyglene. i markad other than umatic avent, mark	2	Joseph McName	e, Jr.					Elia	zabeth	Finnega	ın			
Maryland	2 2 2	ľ	19a. Informent's Name/Ralationsh James Parker/S			19b. Mai 601.5	ling Address <i>(S</i> 5 Clear	Bay, I	Dallas	ral Routa Num s, Texa	aber, City or Too	m, Stata, Zi	p Code)		
Baltimore,	- 7 5 5		20a. Mathod of Disposition			Place of Disp	position (Nama	of spinool		Data	20c. Locatio	n - City or T	own, Stata		
E C	Pages nent of I				Stata Ce		ama <i>tory or otha</i> i 11 Ceme		10/:	27/96	Suitla	nd, Ma	aryland		
	permit. Page Department of Importent: If any Injury or once.		4 Dogation 5 Other (Spacify) Cedar Hill Cemetery 10/27/96 Suitland, Marylan												
B	Depa Impo any Ir		George P. Kalas Funeral Home												
			6160 Oxon Hill Rd. Oxon Hill, Md. 20745												
ш			shock, or haar failure. List of	omplications that nly ona causa on	aach lina.	ath. Do not a	ntar tha moda of	dying, such	as cardiac	or raspiratory	arrest,		Approximata Intarval Batween Onsat and Death		
	Physician /Medical		23a. Part 1. Entar the saasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or hearn adure. List only one cause on each line. Immediate Ceusa (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of):												
	Examiner		Immediate Ceusa (Finat disaasa or condition	a	146	ser	fay	wee					10 year		
		rasulting In death) a. Dua to (or as a consequence of):										1611			
	D iii	Sequentially list conditions, if any, leeding to immediate cause Enter I bed by the cause of the conditions of the conditions of the cause of the ca								ease		10 year			
	certificata be axecuted nding physician and use as the bunal-transit	xan	Sequentially list conditions, if any, leading to immediate												
68760,	be a) ician buria		Sequantially list conditions, if any, leeding to immadiate cause. Enter Underlying Cause (Disease or Injury thet initieted avants	C											
87	ohys the	Physiclan/Medical	thet initietad avants resulting in daeth) Last		Dua to (or as a conse	equanca of):								
9 xo	ding l	Me		d											
Bo	attend for us	lan		- 0.											
	e de pe	/sic	Part II. Other eignificant condition	s contributing to o	death but not ra	sulting in tha	undarlying caus	a givan in Pa	rt I.	23b. Di	d tobacco uee	contribute t	to the cause of death?		
O.	The law requires that the death at has been signed by the atte page 2 should be detached for	Ph	SIA MUNCOS	dial 1	whale	chion	S/a A	ugial	lat	1 10	Yee 201	3 □ Pro	bebly 4 Unknow		
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20	v require been si should t	Completed	cardiones	lary			,			24a. Wa per	s an autopsy formed?	8/	vara autopsy findings vallable prior to		
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0	9 Physer this		27. Manner of Death	28a. Data	of Injury	28b. Tima		Injury at Work?			how injury occ		,,		
ō	ath. r: After e funer	atlo	1 Matural 5 ☐ Panding 2 ☐ Accident invastigs		nth, Dey Year)	Injury	M	1 Yas 2	□No						
Division of Vital Records,	of or Attanding after death. I Director: After In by the fune	Certification:	3 ☐ Suicida 6 ☐ Could no determin	ed 288. Place	e of Injury - At I ling, etc. (Spec	home, ferm, s	traat, factory, of	lice			(Straat and Nul own, State)	n <i>ber or Run</i>	ral Routa Number,		
	To the Hospital or / within 24 hours after To the Funeral Dire completely filled in b	edical C	29a. Cartifier (Check only one) 1 Certifying 2 Medical E	Phyelclan: To the	pasis of axemin	owledge, dee ation and/or l	th occurred at th	a time, deta	and placa, eeth occurr	and dua to the	a causa(s) end , data and plac	mannar es s a, and dua t	stated. to the cause(s)		
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1	1/		30. Nama and addrass of person w	no completed cau	sa of death (Ita	m 23a) (Type	, Print)	# 7 10	01.	201	00=0=	/			
1			Dr.M. Chandra, M.). AIDI I	riscata	way Kd	. Suite	#/10	Ulint	on, Md.	20/35				

Registrar

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State of Maryland / Department of Health and Mental Hygiene

		_	1 Decedent's Name (First 16)						Death		ieritai riy	Reg. No.	96	4002
	Physic /Medi		1. Decedent's Name (First, Mi								2. Dete of De Month DECEMB	Day	Year 1996	3. Time of Death 4:00 P.M
)	Exami	ner	4a. Fecility Name (If not institu	tion, give street end nu	mber)				4b. City, Tow	m, or Lo	cation of Deat	h 4c. Coun	ty of Deeth	
Ш			MALCOLM GROW M 5. Sociel Security Number	EDICAL CENT		for and to both store of	H Hod	er 1 Yeer	ANDREW:			PRINC		
	Funeral Director		094-12-5386 Usuel Residence of Decedent	XX M 2□F	7. Age (in yrs	. last birthdey)	Months			Min.	8. Dete of Bir (Month, De JUNE 1	oy, Year) 2, 1921		place (Stete or Foreig intry) YORK
	/land		10a. State 10b. Cour		10c. C	ity, Town or L	ocation							10d. Inside City Limits
	Mer st	ctor	VIRGINIA FAIRF	'AX	NOI	RTH SPR	INGF	IELD						1 Yes 2 No
	ter death with the Merylan frems 23a or 28a-f show fret must be notified at	al Director	10e. Street and Number 7727 VICEROY S	TREET				ip Code 151				10g. Citizen of UNITED		
020	# SE	by Funeral	11. Meritel Stetus 1 Never Married 2 M 3 Widowed 4 Divorce	Armed Fo	2 No	J,S. 13.	Wes Dec If Yes, sp	11	dispanto Origi en, Mexican, Specify:	In? (Spe Puerto	ecify Yes or No Rican, etc.)		ack, White	
9	n 72 hours "naturel", edical Exp	Pe	15. Deced	lent's Education		18a. Dece	dent's Us	ual Occu	pation			16b. Kind of		
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Maryland 21215-0020	be file ital Hyg d othe event,	To Be C	17. Father's Name (First, Midd WILLIAM J. RO	le, Last)					18. Mother	'a Name		, Meiden Surna		
, Mary	d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2		19a. Informant's Name/Reletic				-					oer, City or Tow		p Code)
Baltimore,			HELEN RAY ROWSON - WIFE 7727 VICEROY ST., SPRINGFIELD, VA 22151 20a. Method of Disposition 1 Removal from State 4 Donation 5 Other (Specify) 784 VICEROY ST., SPRINGFIELD, VA 22151 20b. Place of Disposition (Name of camelony, cremetory or other place) ARLINGTON NATIONAL CEM. 12/19/96 ARLINGTON,											
Balti	permit. Pages Department of Important: If It any Injury or o		21. Signature of Funeral Servi		land		2. Name a	ind Addre	ess of Fecility		OMES, I			
			ALEXANDRIA, VA 22314 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line.										Approximate Interval Between Onset and Deeth	
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death) a. LYMPHOMA Due to (or as a consequence of):										011001 1110 000111	
o,	icate be executed physician and s the burief-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b. CHRON	b. CHRONIC LYMPHOCYTIC LEUKEMIA Due to (or as a consequence of):								1	10 YEARS
68760,		edical	Cause (Disease or Injury that initieted events resulting in death) Last	C	Due to (or as a consequence of):									
Box	eath certi attending for use a	an		d										
P.O.	requires that the death een signed by the atten hould be detached for u	Physician/M												to the cause of death
ds,	2 62	d by	CONGESTIVE—HEA	KT FALLUKE,	, KENAL	FAILU	KE —				24n Was	en autonou	24h V	/ere autopsy findings
Records,		Completed	LIVER FAILURE, RESPIRATORY FAILURE						24a. Was an autopsy performed?					valleble prior to ompletion of ceuse I death?
	cate hes	ပိ									1 🗆	Yes 2 No	1	☐ Yes 2☐ No
f Vita	Physician: The this certificate ral director, page	To Be	25. Was case referred to medi examiner? 1 Yes 2 No		npatient 2[ER/Outpatie	nt 3 🗆 D	Ot Ot	or:		n <i>(Check</i> only me 5 ☐ Resi	one) Idence 8 🗆 O	ther (Spec	ify)
Division of Vital	T = E		27. Manner of Deeth 1 Anatural 5 Penders investigation	28a. Dete		28b. Time o Injury		28c. Inju Wo 1 □	yat rk? Yes 2 □ N		28d. Describe	how injury occu	urred	
Divis	三年中	Certification:	3 ☐ Suicide 6 ☐ Cou	mined 286. Place	of Injury - At I	nome, farm, sti ify)	reet, facto	ry, office		1	28f. Location (City or To	Street and Nun wn, Stete)	nber or Ru	al Route Number,
	the Hospital or At in 24 hours after of the Funeral Direct in pately filled in by	odical C	29a. Certifler (Check only one) 1 Certify 2 Medic	ring Physician: To the al Examiner: On the ba and mann	best of my knows of examination of examinations of examinations of examinations of the examination of the ex	owledge, deatl ation and/or in	n occurred vestigetio	d at the ti	me, date and opinion, death	place, a	and due to the ed at the time,	cause(s) and n dete and place	nanner as o, and due	stated. to the cause(s)

IN 01042649

ANDREWS AIR FORCE BASE, MD

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 89TH MEDICAL GROUP 1050 W. PERIMETER ROAD

DECEMBER 11, 1996

20762-6600

State Registrar

GLENN A. LOOMIS, CAPT, USAF, MC
31. Date filed (Month, Dey, Year) 32. Registrar's Signature

DHMH 16 Rev 6/95

THE RELATION TO SECURE

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40828 IIEM: 20a, b, c, per FH G-747 5-22-97 eoh 1. Decedent's Name (First, Middle, Last) Certificate of Death 2 Date of Deeth 3. Time of Death Month Year Licenia Rese 12 96 20 pm 4a. Facility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Desth 4c. County of Death burn 4.11 11/2 If Under 1 Year If Under 24 Hrs. 8. Date of Birth North, Days Hours Min. May 29, 1915 Bishopville, SC 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 1 □ M 2 💢 F 81 Yrs. 180-36-4068 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George 1 Yes 2□No Temple Hills 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6104 Tyburn Street 20748 USA 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Rsce - American Indian, Black, Whita, etc. 1 ☐ Yes 2 ☑ No If Yes, Give ✓ 1 Never Married 2 ☐ Merried 1□ Yes 2□ No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates: 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 1 2 College (1-4or 5+) Private Home Care Provider 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middla, Maiden Surname) James Reese, Sr. Nancy n/a 19a. Informent's Name/Relationship (Type, Print) (Home 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Care Nellie Williams Tyburn St., Temple Hills, Md. 20748) 6104 Provider Place of Disposition (Name of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from Stete MARYLAND NATIONAL CEM 5-23-97 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Facility Jordan Funeral Service, Inc. 4001 Benning Rd., N.E. (Wash., D.C. 20019) or commissions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) AuTery VO N dry Due to (or as a consequence of): 71

law requires that the death certificata be executed burial-tran Division of Vital Records, P.O. Box 68760, been signed by the attending physician should be detached for use as the burial this certificate or Attending Physician: after death.
Director: After this certifica To the Hospital or Attendir within 24 hours after death.
To the Funeral Director: At completely filled in by the fu

Physician

/Medical

Examiner

Director

Funeral

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Funeral

Director

7 is marked other than "natural", or itema 23a or traumatic event, the Medical Experience must be a

permit. Pages 1 and 2 should be filed within 72 hours after 1 Department of Haalib and Mental Hygiene. Important: if Item 27 is marked other than "natural", or ite any Injury or other traumatic event, the Medical Exercises once.

Physician /Medical

Examiner

Examiner

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Completed

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Certification: To

Medical

Baltimore, Maryland 21215-0020

with the Maryland

death

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Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due to (c	or es e consequence of):			/
that initiated events resulting in death) Last	Due to (o	r as a consequence of):			
	d					
Part II. Other significant conditions	contributing to death but not res	ulting in the underlying	cause given in Part I.	23b. Di	d tobacco uss co	entributa to the cause of death?
Cerebus	Vascula	Acci	dent	10	Yes 2□ No	3 □ Probably 4 ☑ Unknown
Renal	Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a		24b. Were autopsy findings sveilable prior to completion of cause of death?			
	61.			10	Yes 2 No	1 Yes 2 No
25. Was case referred to medical examiner?			26. Place of De	ath (Check only	y ona)	
112 Yes 2□ No	Hospital: 1 Inpatient 2	ER/Outpatient 3 D	OA Other: 4 Nursing	lome 5 PRe	sidence 6 Oth	ner (Specify)
2 ☐ Accident Investigati	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	Work?	28d. Describe	e how Injury occur	med
3 Suicide 6 Could not determine	A 286. Place of injury - At he	ome, farm, street, fecto	ry, office			ber or Rural Routa Number,
29a. Certifler (Check only one) 1 Certifying F	minar: On the basis of exemine	wledge, death occurred tion and/or investigation	d at the time, dete and place n, in my opinion, deeth occi	e, and due to th	e cause(s) and me e, date and piece,	enner as stated. end due to the cause(s)
29b. Signature end title of certifier		25	c. License number		29d. Date signe	ed (Month, Day, Year)

12-23-96

Jaime F. BoTello,

State Registrar

1328 Southern Ave. Wash. D.C 31. Date filed (Month, Day, Year) 32. Registrer's Signature DEU 3 0 1996 he other Rom

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

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ATT	ECTO S aff	1 28	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he find within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPART			MENTAL HYGIEN REG. NO.	E	40029	
	4. SOCIAL SECURITY NUMBER 5.	×M2□F 8	Russe 1. lest birthdey) YRS.	IF UNDER! YEAR	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DEATH MONTH DI COMPANIE OF BIRTH (Month, Day, Vier)	S. 1996 8. BIRTHP	h East, Md	
DIRECTOR	RESIDENCE OF DECEDENT	lursing Ce		EIKH	M , ω	aryland	Cecil	County	
		ci1	10c. CITY,		h East			10d. INSIDE CITY LIMITS? 1 YES X NO	
FUNERAL	2637 Pulaski Hig				219 C		10g. CITIZEN OF WI	. A .	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN U.S FORCES? 17 YES 2 IF YES, GIVE WAR OR DATES WW 2	NO	If yes, sp	ENDENT OF HISPAN ocity Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify Yei n, Puarto Rican, etc.)	or No— 14. RACE Black, Specify	- American Indian, White, atc.	
LETED	15. OECEOENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)	pleted) ollege (1-4 or 5+)	n. DECEDENT'S UP (Give kind of wo life. Do NOT use Millwr	rk done during mo retired.)	DN st of working		strial		
COMPL	17. FATHER'S NAME (First, Middle, Lest) Alvin Chester Ri	\\	HILLWI	rgiic		ME (First, Middle, Maiden	Sumame)		
O BE	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural I	Mae Smith Route Number, City or Tow	n, State, Zip Code)	21901	
۴	Alvin C. Russell, Sr, Son 2665 Pulaski Highway, North East,								
	1 N Suriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	Ba	y, crematory or othe YV1eW		ry 12/2	OH ITH	yview,		
Ш	ADAX	G			uneral	Home 259	E. Mai:		
	23. PART I. Enter the diseases, or com abock, or heart failure. Liet IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one ceuse on each	line.				iratory arreat,	Approximata interval Between Onset and Death	
RTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Buttonina from SToph Awards DUE TO (OR AS A CONSEQUENCE OF): Collultis DUE TO (OR AS A CONSEQUENCE OF): LECHONIC WILLIAM OF LAWARD OF LOWER STRONGE OF STRONGE								
IL CE	PART II. Other algnificant conditions of	· · · · · · · · · · · · · · · · · · ·				Part i. 24a. WAS AN	AUTOPSY 24b.	WERE AUTOPSY FINDINGS	
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SICIAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO UNCERTAIN S. INO UNCE								
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c. IN.	URY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURED		
тер ву	2 Accident investigation 3 Suicide 8 Could not be building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route City or Town, State)								
COMPLET		Y: To the best of my knowledgen the bests of exemination ar						and manner as stated.	
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER Monta Muls	ons, Mo			29c. LICENSE NUI	MBER 783	29d. DATE SIGNED	(Month, Day, Year) De 24, 1946	
	30. NAME AND ADDRESS OF PERSON WHO CO	45 III W.	High	Street	ELI	YPON, M	0 219	21	
	31. DATE FILED (MONth, Day, Year) DEC 2 7 1996	32. ROGISTRAR'S SIGNATU	- Pandell		7				

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Dete of Deeth **Physician** DECEMBER 23, 1996 AGNES VIRGINIA RYAN 5:35pm /Medical 4a. Facility Neme (If not institution, giva straet and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner DOCTORS COMMUNITY HOSPITAL LANHAM-SEABROOK PRINCE GEORGE'S CO | If Undar 1 Year | If Undar 24 Hrs. | 8. Data of Birth | 9. Birthpleca (State or Fore Months | Deys | Hours | Min. | October 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | December 13, 1928 | 9. Birthpleca (State or Fore Months | Deys | Devember 14, 1928 | 9. Birthpleca (State or Fore Months | Deys | Devember 14, 1928 | 9. Birthpleca (State or Fore Months | Deys | Devember 14, 1928 | 9. Birthpleca (State or Fore Months | Devember 14, 1928 | 9. Birthpleca (State or Fore Months | Devember 14, 1928 | 9. Birthpleca (State or Fore Months | Devember 14, 1928 | 9. Birthpleca (State or Fore Months | Devember 14, 1928 | 9. Birthpleca (State or Fore Months | Devember 14, 1 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthpleca (State or Foreign **Funeral** 10 M 200 68 Yrs. 579-28-9994 Director Usual Residence of Decedent the Marylend 10b. County 10c. City, Town or Location 10d. Inside City Limits show traumatic event, the Medical Examiner rount be notified at Prince George's College Park Maryland XX Yes 2 No Director 28a-f : 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code ò 8406 Potomac Avenue 20740 United States items 23a Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? Wes Decedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after c Depertment of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Exercises once. 1 Never Married 2 Married 1 ☐ Yes ZXXIIo If Yes, Give Yaar or Detes: Baltimore, Maryland 21215-0020 1 Yes 2XXNo White Specify: by XXWidowed 4 Divorced Completed Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Day Care Provider Self employed 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Maiden Sumame) James Albert Buckler Agnes Grey 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)
7413 Bucks Haven Lane Highland, Maryland 20777 19e. Informent's Name/Reletionship (Type, Print)
James M. Ryan (son) 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ★ virial 2 □ Cremetion 3 □ Ramoval from Stete 4 □ Donetion 5 □ Other (Specify) Fort Lincoln Cemetery 12/28/1996 Brentwood, Maryland 22. Name end Address of Facility
Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Road Beltsville, Maryland 20705 on that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, 23e. Part1. Enter the diseese, or conglication shock, or heart feilure. List only one Approximata Intervei Betw Onset end Deeth Physician /Medical immediate Cause (Final disease or condition resulting In deeth) Examiner Examiner physicien end the buriel-transit The lew requires that the death certificeta be axecuted Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Box 68760. Physician/Medical Due to (or es e consequence of) 950 P.O. Part IV Other significant conditions contributing to destribut not resulting in the underlying cause giver in Pert I. 23b. Did tobacco use contribute to the cause of seath? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Records, ρ Completed 24e. Wes en eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 12 No 2 No Division of Vital To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, to Be 25. Wes case referred immedical examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) MENO Certification: To 1 Yes 1 Pinpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? 1 Neturei 5 Pending invastigation 1 Yas 2 No 2 Accident 6 Could not be determined 3 Suicide Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, daeth occurred at the time, dete end plece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, death occurred at the time, dete and plece, end due to the ceuse(s) end menner stated. Medical 29e. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) run M 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar

DEC 2

31. Deta filed (Month, Day, Year)

Veen Way

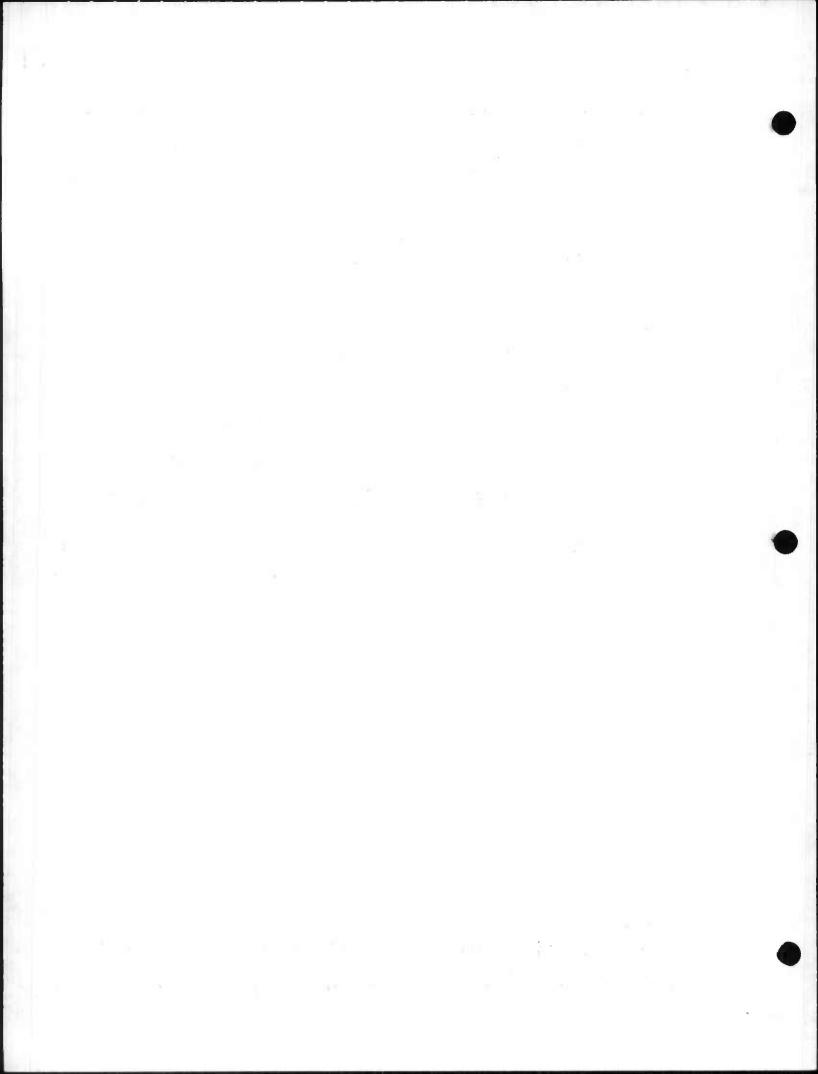
32. Registrer's Signature whice Davidson Randoll

DR

CTR

State of Maryland / Department of Health and Mental Hygiene

								Cert	ificate	of	Death			Rag. No.			
	Dharai	lan.	1. Decedant's Nam	ne (First, Middla, L	ast)								2. Data of De	eeth		v. 11	3. Time of Deeth
	Physic /Medi		MARJORI	E F	R	OWAN							Month DECEMB	Day ER 22	2,199	Yaar 16	6:54 AM
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	Funeral		5. Social Security N	Numbar 6.	Sex	7. Aga (In	yrs. last birt	thday)	if Undar 1	1 Year	if Under		8. Data of Bi (Month, Di			9. Birthp	laca (Stata or Foreign
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	72 hours efter death with the Marylend natural, or items 23s or 28s-f show Jose Examiner must be notified at		10a. Stata	10b. County		10	c. City, Town	or Loca	etion							1	Od. Insida City Limits
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	s within 72 hours efter death with the Maryle liene. I than "natural", or items 23s or 28s-f show than "natural", or items 23s or 28s-f show the Madical Examiner must be notified at	Funeral	11. Maritei Stetus	Tyc cour	12. Was Dad	cedant Ever	in U,S.	13. W			lispenic Orig	gin? (Spe	cify Yes or No Rican, atc.)	-	14. Rece	- Amaric	an Indien,
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e,	s 1 end 2 of Health a item 27 is		20a. Method of Disp			2	Ob. Piace of				IIL, D	TIVE	Dete		cation - C	20902	
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ţ	tmer tant			5 Other (Special			Arling	gton	Nati	Lona	ıl Cem	net l	2/27/96	Arl:	ingto	on,	VA
Baltimore, permit. Pages 1 er Department of Hea Important: If item; any Injury or other			21. Signature of Fu	. Signature of Funeral Sarvice Licensee 22. Name end Address of Fecility											_		
ш	00 % 6 Q		W	Francis J. Collins Funeral Home, Inc. 500 University Blvd. W., Silver Spg., MD 20901 3a. Parti. Enter the disease, or compilications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Interval Batween Interval Batween													
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ec	S S CA	ig.														of d	nplation of causa leath?
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Division of Vital Records,	ysician: The s certificata director, pag	Be (25. Was case rafarr	ed to medical							28. Ptece	of Deeth	(Check only	one)			
>	5 00	To	axaminar? 1 ☐ Yas 2	No	Hospital:	Inpatiant	2 ER/Out	patient	3□ DOA	Oth	O.C.		na 5 Rasi		Othar	(Specify)
0	g Ph er thi		27. Mannar of Death		28a. Dete	of Injury	28b. Ti			c. tnjury Worl		T-3	8d. Dascribe				,
0	ath. :: Aft	atio	1 Natural 2 Accident	5 Panding invastigation		th, Day Yea	ir) in	jury	м		Yas 2 □ N	No					
/18	or Attending after death. Director: After I in by the fune	Certification:	3 Suicida	6 Could not b	e 28a. Place	of Injury -	At homa, fan	m, straa	t, factory, o	office	-	2	8f. Location (Street and	Number	or Rurai	Route Number,
á	after Direct J in by	ert	4 Homicida	30.0		ing, atc. (Sp							City or To				
	To the Hospital or Attending Ph within 24 hours effect death. To the Funeral Director. After th completely filled in by the funeral		29a. Cartifiar	Certifying Ph	velclan: To the	best of my	knowledge	death o	courred at	the tim	a data and	d piaco, a	ad due to the	00000(0)			and .
	Fur etely	edicai		2 Medical Exam	niner: On the b	asis of axan	nination and	or inves	stigation, In	n my op	pinion, daat	h occurre	d at tha tima,	data and	piace, an	d due to	tha cause(s)
	ithin ompl	Me	29b. Signatura and	title of certifier	1	A Stated.	(29c I	License	number			29d. Date	eigned (Month C	law Vaari
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	Registr	ar	DE	C 2 7 1996	5 4	na wan	dson-R	MAN	~								



96-7351-031

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PARTVI.27. PER MED State of Maryland / Department of Health and Mental Hygiene FILM G-743 1/14/97 t.t Certificate of Death

40832

Physician /Medical Examiner

1 Decedent's Nama (First Middle Last) CHRISTINE LYNN

2. Dete of Death 3. Time of Death Month Day DECEMBER 23,1996 12:35 Pm

4e. Facility Neme (If not institution, give street and number) SHADY GROVE ADVENTIST HOSPITAL 4b. City, Town, or Location of Daath

4c. County of Death

Funeral Director

> 28a-f show must be notified at

ò

Herne 23a

"natural", or

1 and 2 should be filed within 72 hours e Health and Mental Hygiene. em 27 is marked other than "natural", o

permit. Peges 1 and 2 s
Department of Health an
Important: If item 27 is:
any injury or other trau

Physician /Medical

Examiner

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this funeral

After

death.

after death

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Physician/Medical

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Completed

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Certification:

Medical

traumatic evant, the Medical Examiner

the

Baltimore, Maryland 21215-0020

Directo

Funeral

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Completed

1 □ M 2 🗓 F 216-80-3580 Usual Residence of Dacadent 10a State

ROCKVILLE Hours Min. 8. Dete of Birth (Month, Dey, Ye Feb. 2, 1 If Undar 1 Year Days

MONTGOMERY Birthpiace (State or Foreign Country) 1965 Washington, D.C

5. Social Security Number

10b. County Maryland Montgomery 10c. City, Town or Location Rockville

Vrs

7. Age (In yrs. last birthday)

31

10d. Insida City Limits 1⊠ Yes 2□ No

10e. Street and Number

10f. Zip Code

20850

Library Technician

10g. Citizen of What Country? United States

16b. Kind of Business/Industry

150 Monroe Street, Apt. 201

1 1 Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Eyer In U.S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Giva Year or Dates:

 Was Dacedenl of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☒ No Specify:

14. Raca - Amarican Indian, Black, White, etc. Specify: White

15. Decedent's Education (Specify only highest grede completed)

Collage (1-4or 5+)

16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired)

Montgomery Count Gov't.

17. Fathar's Name (First, Middle, Last)

Jack A. Reid, Jr.

Elemantery/Secondary (0-12)

12

Jean Welland

18. Mother's Neme (First, Middle, Maiden Sumeme)

19a. Informent's Name/Reletionship (Type, Print)

19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, State, Zip Code)

Jack A. Reid, Jr./ Father

403 Mannakee Street, Rockville, Maryland 20850 20b. Placa of Disposition (Name of cametery, cremetory or other place) Dec.

20c. Location - City or Town, State

20a. Method of Disposition

1 X Burial 2 ☐ Cremetion 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify)

26,1996 Parklawn Memorial Park

Rockville, Maryland

22. Name and Address of Fecility Robert A. Pumphrey Funeral Home/

21. Signatura of Funeral Service Di

Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805

M00689 disaasa, or complications that aused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, is found that the mode of dying, such as cardiac or respiratory arrest, is the mode of dying, such as cardiac or respiratory arrest, is the mode of dying, such as cardiac or respiratory arrest, is the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying are discovered to the mode of dying.

euse (Final disaase or condition resulting in death)

SEPSIS

Dua to (or es a consequança of):

Sequentielly list conditions, if eny, leading to immediate cause. Enter Undarlying Causa (Disaasa or injury that initiated evants resulting in death) Lest

Dua to (or as a consequence of)

Due to (or as a consequenca of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Was an eutopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

Approximate Interval Between Onsat and Death

1 Yas 2 No

1 Tyes 2 No

25. Was case refarred to medical examiner? 1X Yes 2□ No

27. Manner of Death

XX Naturel

2 Accident

3 Suicida

4 Homicide

Hospitel: 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) - Panding

28b. Time of

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 Yes 2 No

28d. Dascribe how Injury occurred

26. Plece of Death (Check only one)

28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29e. Cartifier (Check only one)

1 Certifying Physician: To tha best of my knowledge, daath occurred at the time, date end plece, and due to tha ceusa(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete and placa, end due to the cause(s) and menner stated.

29b. Signature and title of certifier

29c. License number

29d. Data signed (Month, Day, Year)

O.C.M.E.

DECEMBER 24,1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 Styphen S.
31. Date filed (Month, Dey, Year) Radentz, MP

State Registrar

DEC 27

invastigation

6 Could not be determined



DHMH 16 Rev 6/95

Box 68760. P.O. 1 Records.

that the death certificate be executed requires Division of Vital Hospital or Attending Physician:

To the Hospital or Atter within 24 hours after der To the Funeral Director completely filled in by th

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40833 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Day Robert J. Rawson, Sr. December 17, 1996 /Medical 10:30 AM 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 422 Branch Drive Silver Spring Montgomery If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) Months 1 XM 2□ F 82 215-44-8550 Sept. 28,1914 Massachusetts Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 No Silver Spring Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20901 Funeral 422 Branch Drive USA 12. Was Decedent Ever In U.S. Armed Forces? 11. Maritel Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. NYes 2 No 1942 Yes, Give 1945 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: 1945 by Specify: 3₺ Widowed 4 Divorced Yeer or Dates: White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) U.S. Government Attorney 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be 2 Thomas R. Rawson Anne Walsh 19a. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5604 Pier Drive, Rockville, MD 20851 William T. Rawson 20b. Place of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, State Forest Glen cemetery, crematory or other place) 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State St. John's Cemetery 12/21/96 4 ☐ Donation 5 ☐ Other (Specify) Silver Spring, MD 21. Signature of Funeral Service Licenses 22. Neme and Address of Fecility Francis J. Collins Funeral Home, Inc. dent MD 20901 500 University Blvd. W., Silver Spg., 23a Part Letter the disease, or complications that ceused in leath. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, a heart failure. List only one cause on each line. Approximate Interval Between Onset end Death Immediate Cause (Final disease or condition resulting in death) Cardiac Arrhythmia one day Due to (or es e consequence of): Examiner Electrolyte Disturbance six weeks Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of) Carcinoma of the Pancreas three years Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown Diabetes; peripheral neuropathy ģ Completed 24e. Wes an autopsy performed? 24b. Were sutopsy findings avellable prior to completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Nesidence 8 Other (Specify) 2 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 XNatural 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the ceuse(s) and menner es steted.

| Madical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date and place, end due to the ceuse(s) and manner stated. Medical 29a. Certifier

The law requires that the death certificate be asscuted Box 68760. P.O. of Vital Records. nepital or Attending Physician: The hours after death.

Inerel Director: After this certificate y filled in by the funeral director, pt Division To the Hospital within 24 hours a To the Funerel C completely filled

Funeral

Director

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Department of H
Important: If ite
any Injury or ot

Physician /Medical

Examiner

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death

Pages 1 and 2 should be filed within 72 hours after onent of Health and Mental Hygiene.

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified at

State Registrar

29c. License number 2773

29d. Date signed (Month, Day, Year) December 19, 1996

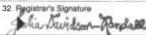
30. Name and address of person who completed cause of death (14m 23a) (Type, Print)

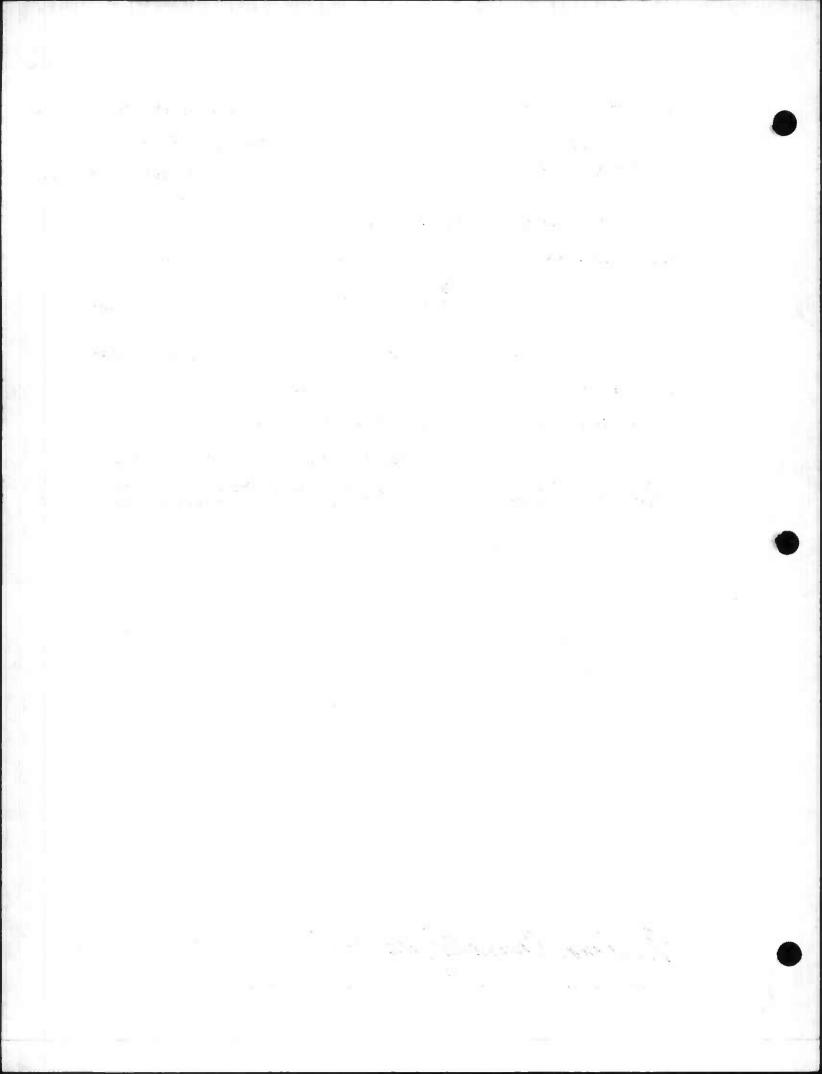
N. Thomas Connally, MD, 3201 New Mexico New Mexico Ave., DC 20016

31. Date filed (Month, Dey, Year)

29b. Signature and title of certifier

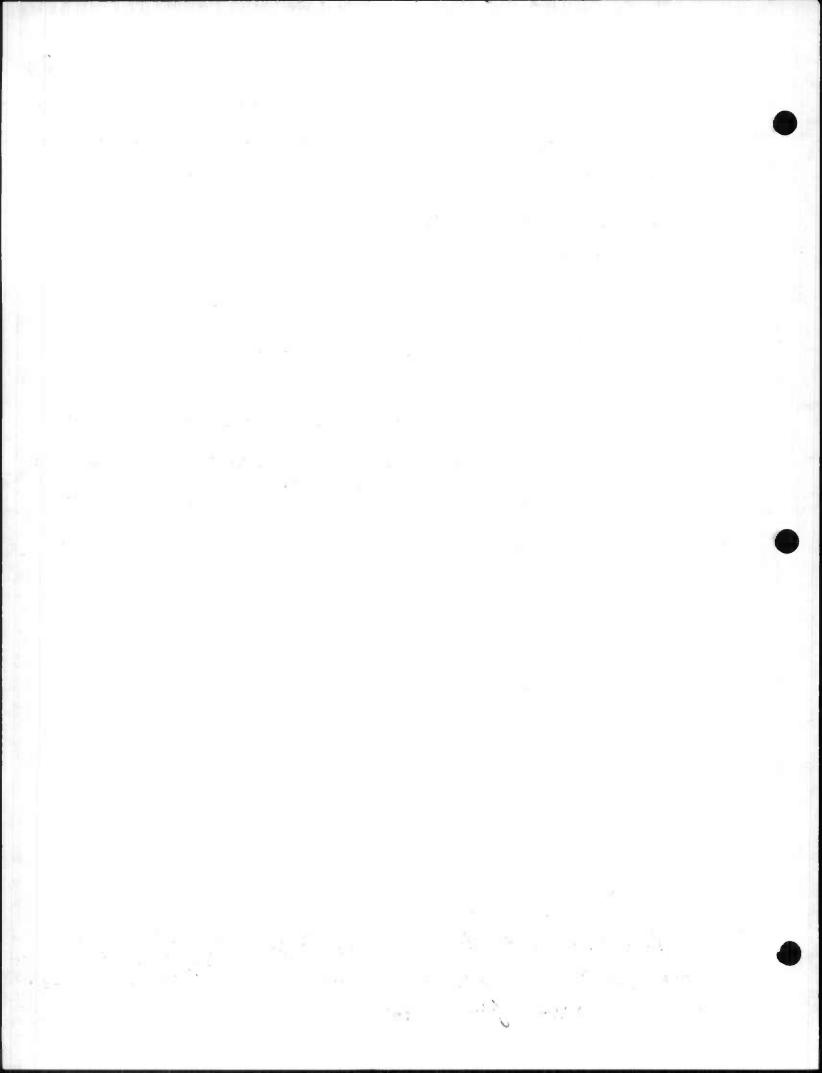
DEC 23





		1. Decedent's Name (First, Middle,	Last)	Ce	rtificate of	Death	2. Date of Deat	eg. No.	6 4083
Physical /Media	cal	EMIL RASA 4a. Fecility Name (If not institution,	give street and number)			4b. City, Town, or L	Month DECEMBER	Dey Y	96 10:34 E
Examir Funeral Director	ner	3532 Chiswick	Court	yrs. last birthday) Yrs.	If Under 1 Yeer Months Days	Silver Si		Montg	
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100	ctor	Maryland Montg	omery	Silver	Spring				1 □ Yes 2 ☑
or 22	Director	10e. Street and Number			10f. Zip Code		10	g. Citizen of Whi	al Country?
s 23s		3532 Chiswick C			2090			USA	
al', or items 23a or 28a-f show Examiner must be notified at	by Funeral	11. Marital Status 1 Never Merried 2 Marrie 3 X Widowed 4 Divorced	12. Wes Decedent Ever I Armed Forces? d 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates:		was Decedent of I if Yes, specify Cub 1 ☐ Yes 2 ☒ No	Hispanic Origin? (Sp an, Mexican, Puerto Specify:	ecity Yes or No- Rican, etc.)		American Indian, While, etc.
natur	Completed	15. Decadent's (Specify only highest Elementary/Secondery (0-12)	Education grade completed) College (1-4or 5+)	1		petion during most of work d)		16b. Kind of Busin	
ther than		17. Falher'a Name (First, Middle, La	1	Manuf	acturer's	Represer		Heatin	0
arked of	o Be	Peter Rasa	331/			18. Mother's Name	o'Brien	faiden Sumame)	
the state of the s	To	19a. informant's Neme/Relationshi	p (Type, Print)	19b. Malli	ng Address (Street	and Number or Run		City or Town, Str	ate, Zip Code)
		Richard T. Rasa		10214	Carroll	Place Ke			
y or		20a. Method of Disposition 1	Criemoval IIom State		osition (Name of matory or other pla eaven Cer			20c. Location - Cit	ty or Town, State
Important: any injury once.		21. Signature of Funeral Segrice Li		Fr Fr	2. Name end Addre	collins	Funeral	Home, In	
ledical aminer	Iner	Immediate Cause (Final disease or condition resulting in death)	u.	o (or as a consec		STATE	UM	CIS	1 YEAR
an and rial-tran	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to	o (or as a conseq					6 mont
nding physician and use as the burial-transit	edical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	C	o (or as a conseq	quenca of):				6 mont
Ittending for use as	edical	Cause (Disease or Injury that Initiated events resulting in deeth) Last	cDue to	o (or es a conseq	quenca of):	ven in Part I	23b Did tol	nacco use contri	
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ate has been signed by the attending page 2 should be detached for use as	Completed by Physician/Medical	Cause (Disease or Injury that Initiated events resulting in deeth) Last Pert II. Other eignificant conditions	cDue to	o (or es a conseq	quenca of):	/en In Part I.	1 ☐ Ye	e 2000 31	bute to the cause of de Probably 4 Unkr 24b. Were autopsy findin aveilable prior to completion of cause
his certificate has been signed by the attending it director, page 2 should be detached for use as	To Be Completed by Physician/Medical	Pert II. Other eignificant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death	CDue to	o (or es a consequence of consequenc	quenca of): quence of): inderlying cause given the control of th	28. Place of Death ier: 4□ Nursing Hoi	1 Ye	eutopsy 2 s 2 2 0 s 2 0 0 nce 6 Other (bute to the cause of dea
for. After this centificate has been signed by the attending the funeral director, page 2 should be detached for use as	To Be Completed by Physician/Medical	Cause (Disease or Injury that Initiated events resulting in deeth) Last Pert II. Other eignificant conditions 25. Was case referred to medical examiner? 1 \(\text{Yes} \) 2 \(\text{No} \) No	C	resulting in the uncertainty of thome, farm, str	quenca of): quence of): Inderlying cause give at 3 DOA Other f 28c. Injur Wor M 1 DOA	28. Place of Death ler: 4□ Nursing Holy y at k? Yes 2□ No	24a. Wes en perform 1 Ve: 1 Ve: 1 Check only one me 5 Resider 28d. Describe hou	s 2 No 3 2 2 2 2 2 2 2 2 2	bute to the cause of decided by the cause of decided by the cause of decided by the cause of death? 1 Yes 2 No
Funeral Director: After this certificate has been signed by the attending tely filled in by the funeral director, page 2 should be detached for use as	Certification: To Be Completed by Physician/Medical	Pert II. Other eignificant conditions 25. Was case referred to medical examiner? 1	C	co (or es a consequence of consequen	quenca of): quence of): Inderlying cause give at 3 DOA Other A 28c. Injury Wor M 1 Creet, factory, office	28. Place of Death Ier: 4 Nursing Ho Y at k? Yes 2 No	24a. Wes en perform 1 Yes 1 Yes 1 Check only one The Selder 28d. Describe how 28f. Location (Str. City or Town,	s 2000 3 leutopsy 2 leutopsy 2 s 2000 s 2000 ce 6 Other (w injury occurred eet and Number of State)	completion of cause of death? 1 Yes 2 No (Specify) or Rural Route Number,
Director: After this centificate has been signed by the attending in by the funeral director, page 2 should be detached for use as	To Be Completed by Physician/Medical	25. Was case referred to medical examiner? 1	Due to Due to	co (or es a consequence of consequen	quenca of): quence of): Inderlying cause given the second of the secon	28. Place of Death ler: 4 Nursing Hor y at k? Yes 2 No ne, date and place, a pinion, death occurr e number 7	24a. Wes en perform 1 Yes 1 Yes 1 Check only one me 5 Resider 28d. Describe how 28f. Location (Str. City or Town, and due to the called at the time, de	eet and Number of State) use(s) and mannete and piace, and d. Date signed (A	bute to the cause of dea Probably 4 Unkn 24b. Were autopsy finding aveilable prior to completion of cause of death? 1 Yes 2 No (Specify)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth RENTSCHLER Day Month **Physician** DECEMBER 24, 1996 ELIZABETH MARY /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner WICOMICO PENINSULA REGIONAL MEDICAL CENTER SALISBURY If Undar 1 Yaar Months Deys It Undar 24 Hrs. 8. Deta of Birth
Hours Min. (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 9. Birthplece (State or Foreign Country)
PENNSLYVANIA **Funeral** Deys 10 M 27 F 219-10-3626 12/17/1925 Director Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland muni of Health and Mental Hyglene.
Intell Items 23 a or 28-4 show that I fam "natural", or items 23 a or 28-4 show that I fam 27 is marked other than "natural", or items 23 a or 28-4 show any or other traumatic event, ma Medical Examiner must be nothed at 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits MARYLAND SOMERSET PRINCESS ANNE 1 Yes 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 27752 FITZGERALD ROAD 21853 U.S. Funeral 12. Wes Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican indian, Biack, White, etc. 1 Yas 2 No If Yes, Give Year or Datas: 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: Specify: þ WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working iffe. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 10 HOUSEWIFE OWN HOME 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middla, Meiden Sumeme) RAYMOND LANNAN OLEVIA HARTMAN ည 19e. informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) OSCAR RENTSCHLER, JR. 27752 FITZGERALD ROAD, PRINCESS ANNE, MD. 21853 20b. Place of Disposition (Name of cemetery, crematory or other place) 20s. Method of Disposition 20c. Location - City or Town, State Department of Important: If it any injury or o ₩ Burial 2 Cremation 3 Removal from State 4 □ Donatjam, 5 □ Other (Specify) BEECHWOOD CEMETERY 12/29 PRINCESS ANNE, MD. 21. Signature of Funeral Service Licerate -22. Name and Address of Facility
HINMAN FUNERAL HOME 11673 SOMERSET AVE., PRINCESS ANNE, MD. 21853 M00295 Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deat Physician /Medical Immediate Cause (Final disease or condition sician and burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last physician the burial Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) signed by the a d be detached to Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? and- stryl peral 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ğ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy page 2 2 No 2 TNo certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director. 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) 1 Yes 20 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) AOG/EE Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 27. Mapher of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 199Natural 5 Pending 1 Yes 2 No 2 Accident Investigation 3 Suicide 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29a, Certifier Medical 29b. Signature and title of certified 29c. License number 29d. Dete signed (Month, Day, Year) Tan w. D 16725 BECEMBER 26, 1996 30. Neme end eddrass of persol who completed cause of deeth (Item 23a) (Type, Print) Rivaride Pr 31. Date filed (Month, Day, Year) 32. Registrar's Signature

DHMH 16 Rev 6/95

State

Registrar

DEC27 1996

State of Maryland / Department of Health and Mental Hygiene 96 40836

					Cer	tifica	te of	Death		Re	g. No.	30	+0030		
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Funer		5. Sociel Security Number	6. Sex 1√□ M 2□ F	1	lest birthday)	If Unde Months	r 1 Yeer Deys	if Under 2	4 Hrs. 8	B. Date of Birth (Month, Dey,	Yeer)	9. Birthp	elece (Stete or Foreign		
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pue *		Usuel Residence of Decedent 10e. Stete 10b. County		10c. C	ity, Town or Loc	cation						1	0d. inside City Limits		
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ortar fnjur		21. Signeture of Firm rel Service Licensee 22. Name end Address of Fecility Fort Lincoln Funeral Home, Inc.										,	, , , , , ,		
Baltimo pemit. Pages Department of Important: If I	buce	· 11.	47		Fo	ort I	inco	oln Fui				1 00-	7.0.0		
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Of Vital Physician: 1 this certifical ral director, p	Be	25. Wes case referred to medical exeminer?	Hospitei:				Oth	or.		Check only one)				
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2 5 2 6	6	,	enta ment	ner steted.											

Registrar

30. Name and address of period who completed cause of death (item 23e) (Type, Print) JOSSPH KARLAN

32. Registrer's Signeture

29c. License number

D 35635

29d. Dete signed (Month, Dey, Year)

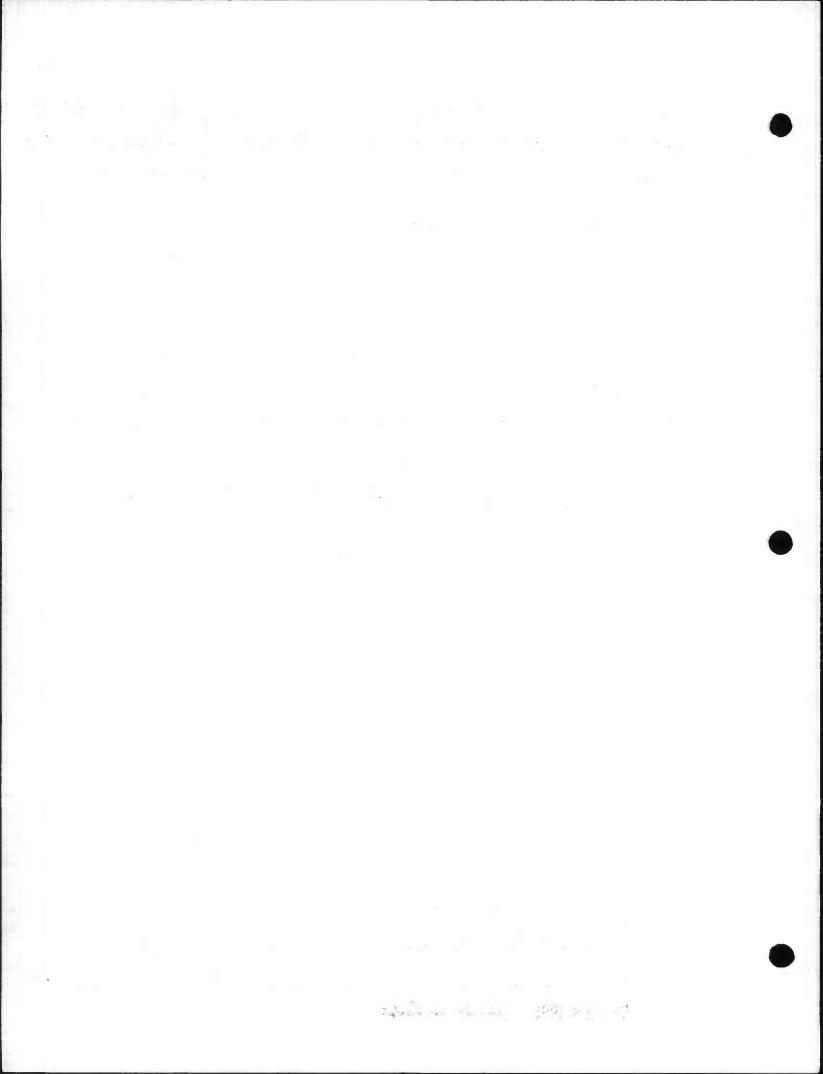
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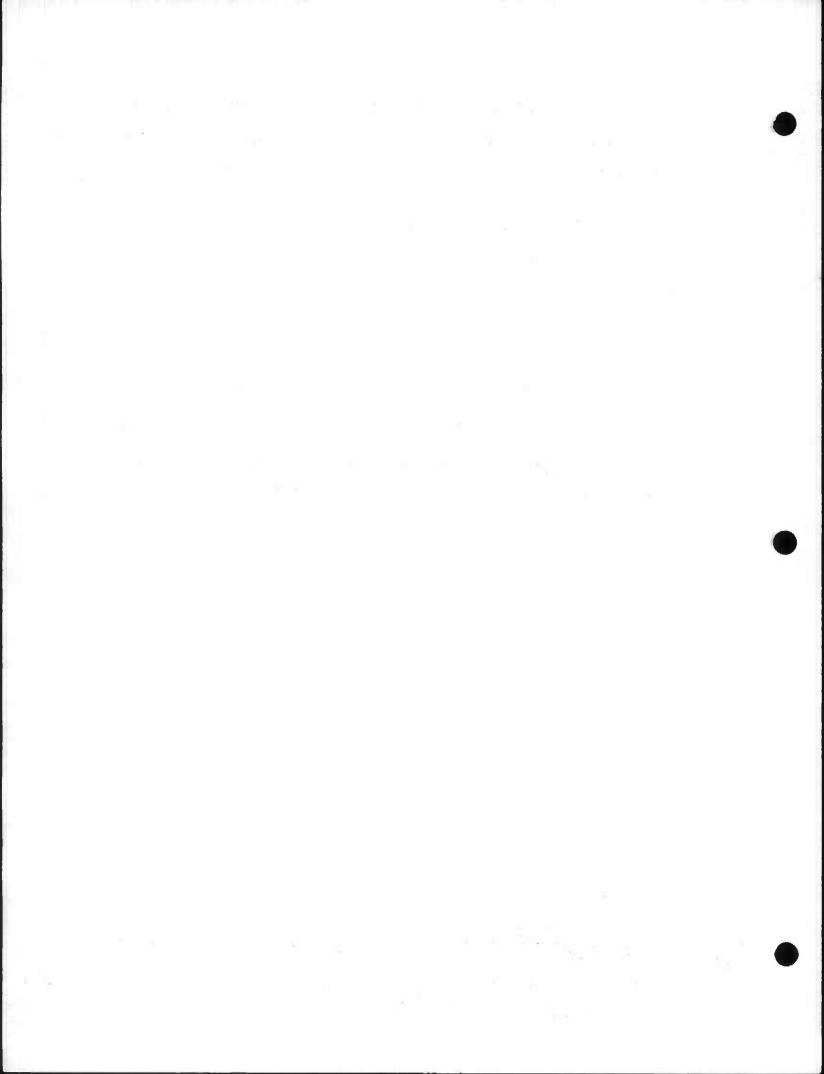
State of Maryland / Department of Health and Mental Hygiene 96 40837

						Cert	ificate of	Death		Reg. No.		10001
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L	Funeral Director		233 34 6191 Usual Residence of Decedent	1 M 200 F	95	Yrs.	Months Days	Hours	Min. (Month,	Day, Year) 26, 190	9. Birth Cour 1 West	place (State or Foreign ntry) Virginia
	72 hours after death with the Maryland naturel', or items 23s or 28s-f show Iteal Examinar must be notified at	rector	10a. Stale 10b. County Maryland Anne Ar 10e. Street and Number	undel	10c. City, To	own or Loca ewate:				10g, Citizen	of What Cour	10d. Inside City Limits 1 ☐ Yes 🎗 🔯 No
	th with	ō	659 Loch Haven	Road			21037	7			d Stat	
02	ours after death with ref', or items 23a or Examiner must be	Completed by Funeral Director	11. Marital Status 1 Never Married 2 Married	12. Was Decedent Armed Forces?		lf Y	s Decedant of h	fispanic Original Control	gln? (Specify Yas or i i, Puerto Rican, etc.)	No- 14.	Race - Amark Black, White,	can Indian,
00	uref.	Q P	Widowed 4 □ Divorced	Yaar or Datas:							Whi	
21215-0020		omplete	15. Decedent's (Specify only highest g			(Give kil	nt's Usual Occup n <i>d of work d</i> one <i>NOT</i> use <i>retire</i> naker	pation during most d)	t of working		of Business/In	dustry
	filed withi Hygiene. offer than		17. Father'a Name (First, Middle, Las	st)		nomei	пакег	18. Mothe	or's Name (First, Midd		Home	
ylan	should be fi and Mental F marked of umartic ever	To Be	Harmon Sponaug1	е				Etta	Warner			
, Maryland	s 1 and 2 sho f Health and Nem 27 le ma other trauma		19a. Informant's Neme/Relationship Erman C. Simmons						er or Aural Route Num Edgewater			0 Code) 1037
Baltimore,	Page nent o int: If i		20a. Method of Disposition 1 Burial 2 □ Cramation 3 4 □ Donation 5 □ Other (Spec		ceme	tery, crema	ion (Name of tory or other pla oln Ceme	,	Date 12/23/96		on - City or To wood M	own, State aryland
Balt	permit. Page Department of Important: If any injury or ance.		21. Signature of Funeral Service Lice	ensee (TVV)	Pro				Funeral Rd. Bowie			
			23a. Part1. Enter the diseese, or con shock, or heart failure. List only	mplications that caused	the death. D	o not enter	the mode of dyle	ng, such as	cerdiac or respiratory	arrest,	0713	Approximate Interval Between
	Physician /Medical											Onset and Death
П	Examiner		Immediate Cause (Final disaasa or condition resulting In death)	a Couge	gTIV	el	teari		ailure	2		yrs
L		ner	Immediate Cause (Final disaasa or condition resulting in death) a. Congestive stears failure Due to (or es a consequence ot): b. Coronary Stritery Disease									
	icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions,	b	Due to (or as			J	PIZE	470		
68760,	sician buria		Sequentielly list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initieted events	C. ———								
×	5 0 6	√Medical	resulting in death) Last	l d	Due to (or as a	a conseque	nce of):					
. Bo	0 0 2	Physician	Part II. Other significant conditions	contributing to death b	ut not resulting	In the und	ariving cause giv	ven in Part I.	. 23b. Di	d tobacco use	contribute t	o the cause of death?
s, P.O	requires that the death cer een signed by the attendin hould be detached for use	by Phys								Yes 2□1		
Record	2 S S	Completed t							24e. W	as an autopay normed?	av	ere autopsy findings vallable prior to empletion of causa death?
E R	The ate h	Com							10	Yes 2 1	0 1[☐ Yes 2☐ No
Vital	ysician: The	Be	25. Wes case referred to medical examiner?	Manakak			100		of Death (Check on)	y one)		
Jo	2 00	To.	1 ☐ Yas 27. Menner of Death	Hospitel:		Dutpatient Time of	3LI DUA		rsing Home 5 Re			(y)
O	After After fune	tlon	1 Natural 5 Pending invastigation	28a. Dete of Inju (Month, Da	y Year)	. Time of Injury	28c. Injui Woi M 1 □	rk? Yes 2 □ i		e how Injury or	curred	
Division	for Attending after death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not determine	be Disease (Ini	ury - At home, c. (Specify)	farm, stree	, factory, office		28f. Location City or 7	(Street and N own, Stata)	umber or Rure	al Route Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai C	29a. Certifier (Check only one) 1 Certifying P 2 Medical Exe	hysician: To the best miner: On the best of any mappier sto	examination a	ge, death o and/or inves	ccurred at the tir stigetion, in my c	me, dete and opinion, deet	d place, and due to the	e cause(s) and e, date and pla	i manner as s ce, and due to	itated. to the ceuse(a)
	withir To th comp	Me	29b. Signature and little of certifier	21/			29c. Licens	a number		29d. Date si	gned (Month)	Day, Year)
	(12)) oul	Loue	e 21.	D	DI	85:	27	12/	120/	196
	(10)		Jon 15. Lowe	completed cause of d	eeth (Item 3a	(Type, Pr	y Are	, ste	.131, An	napa	les, 9	16 214d
	Sta Registr		31. Date filed (Month, Day, Year) DEC 26 19	96 July 0	s's Signature	Perhall		•	,			



State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate o	f Death	1	Re	g. No.				
	D. H. L.		1. Decedent's Nama (First, Mid	ldla, Last)						2. Data of Death	1		3. Tima of Death		
и	Physici		John	will	iam	Spai	ilding			Decembe	r 20	1996	10:30 PM		
	/Medi Examir		4a. Facility Nama (If not instituti			- /		4b. City, To	own, or Lo	ocation of Death	4c. County	of Death			
1	Examin	iei	The state and a second the second	Community		8.			Lanh	am			Georges		
Н	Function		5. Social Sacurity Number	8. Sax	7. Aga (In yrs.		If Undar 1 Ya		r 24 Hrs.						
, ci	Funeral Director		578-30-2758 Usual Residence of Decedant	1∏M 2□ F		9 Yrs.	Months Day		Min.	8. Data of Birth (Month, Day, 1/13/	Year) 27		placa (Stata or Foreign of try) Sh. DC		
	show det	-	10a. Stata 10b. Coun	*		y, Town or L						1	Od. Insida City Limits		
	be filed within 72 hours efter death with the Maryland nat Hygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Evarring must be notified at	Director	N/A N/A 10e. Street and Number	ce Ceor.	Was	hingt	on, DC	1		10	g. Citizan of	What Cour	1 Yas 2 No		
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	dea dea	Funeral	913 Hamli	12. Was Da	cedant Evar in U,	,S. 13.	Was Dacedanf o		rigin? (Sp	ecify Yas or No-	14. Rac		ean Indian,		
0	offer he	T.	Navar Marriad 2□ Ma	Alliedi	orcas? 2 ☐ No Siva					Hican, atc.)	Bia	ck, Whita,	afc.		
21215-0020	urs urs	by	3 ☐ Widowed 4 ☐ Divorce	11-79-00 (-	liva Datas: WW	тт	1 Yas 2 X	lo Specify	:		Specif	w: Wh	nite		
Ö	2 ho	8	15. Deceda	ant's Education		16a, Dece	dant's Usual Occ	upation		1	6b. Kind of B				
15	in 7	Completed		nast grada complated		(Giva	kind of work don DO NOT usa rati	na during mos ired)	st of work	ing					
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	1 end 2 Health em 27 i		Veronica Tra	inum - S				n St.	Ne				D 20784		
ore	00-		20a. Mathod of Disposition ty□taurial 2 ☐ Cramation	3 DRamovai from		Place of Displace	osition (Nama of matory or other p	olace)		Data 2	Oc. Location	- City or To	wn, Stata		
Baltimore,	Pa Int:		4 Donation 5 Other	(Spacify)		nares	eional	Come	+ 1	2/27/96	Mac	hino	ton, DC		
at	permit. Departnimporta		21. Signature of uneral Service	a Licenson		2	2. Nama and Add	drass of Facil	ity	2/2//10	WELS	IIIII	LOIL		
B	Depa impo any i		V.10	21			R	endon	/Ha	le Fune	ral H	ome	20706		
	_		De Reil Formation	Rendon/Hale Funeral Home 20706 9013 Annapolis Rd. Lanham, MD Part1. Entar tha disaasa, for complications that caused tha death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line.											
			shock, or haart feilura. Li	st only ona causa on	aach lina.	n. Do not an	tar tha moda of c	iying, such as	s cardiac (or raspiratory arre	st,		Intarval Batwaan Onsat and Daath		
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	/Medical Examiner		Immediata Cause (Finei disaasa or condition	9	Metastat	tic Co.	lon Cano	er					4 months		
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	cute	Examiner	Sequantially list conditions,	D		r as a conse			,			1			
o,	an a		Sequantially list conditions, if any, leading to immadiate causa. Entar Undarlying Causa (Disaasa or Injury that Initiated avants		Superior	r Vena	Caval 7	hrombo	osis			i			
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89	ertifice ling ph	be	rasulting in daath) Last		Respira	toru F	ailure								
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>	Physician: this certific ral director,	0	axaminar? 1 ☐ Yes 2 ☑ No	Hospital:	Inpatient 2	ER/Outpatie	nt 3 DOA	Whor		ma 5 ☐ Rasida		oar (Specif	6/1		
of	a Phy er this	Ë	27. Mannar of Death	28a, Data	of Injury	28b. Tima o				28d. Dascribe ho			<i>y</i> /		
O	fun Aft	tior	1 Naturel 5 Pand		nth, Day Yaar)	injury		∛ork? □Yas 2□	.						
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	iral oral led														
	e Hospital or Al 24 hours after of Funeral Direction by letely filled in by	edical	(Check only 2 Medica	ing Physician: To the il Examiner: On that	e best of my know basis of axaminat	wladge, deat tion and/or in	h occurred et that vastigetion, in m	tima, deta ar y opinion, dar	nd piace, ath occurr	and dua to tha ca red at tha tima, da	usa(s) and material in the state and place.	annar as s	teted. tha causa(s)		
	To the Hospital or Attend within 24 hours after deati To the Funeral Director: completely filled in by the	Ne le	One)	O and mai	nnar stated.										
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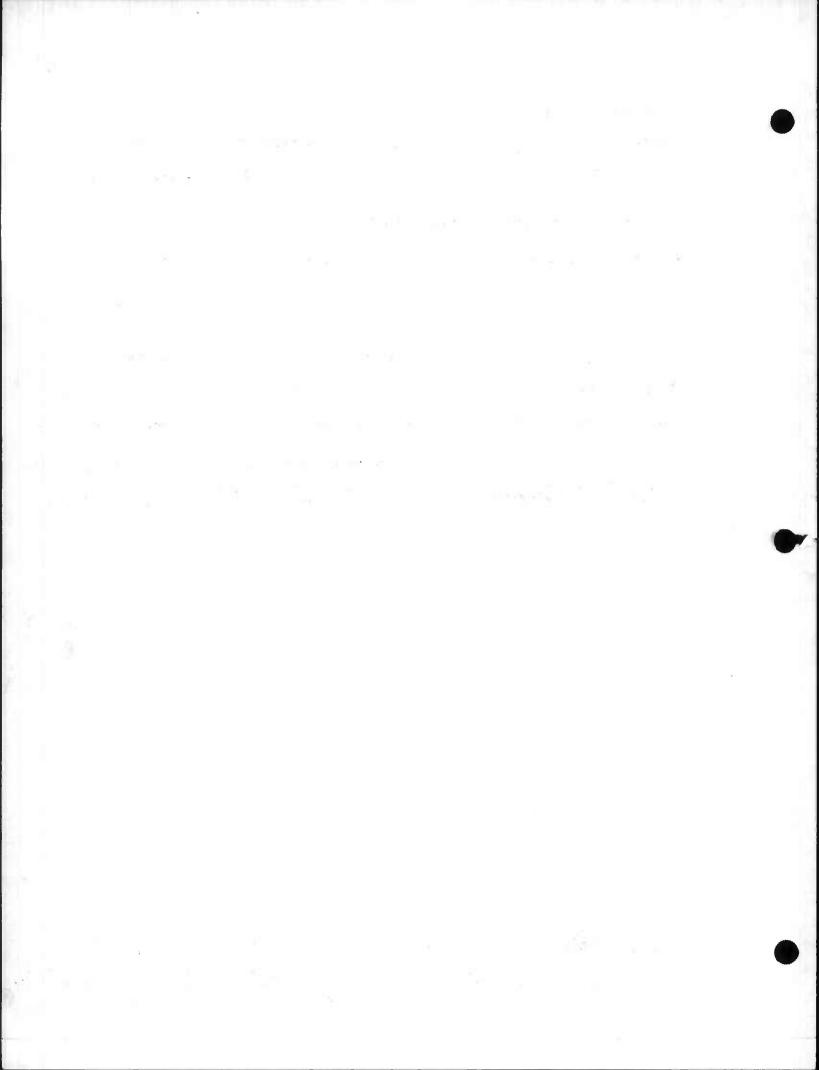
State of Maryland / Department of Health and Mental Hygiene

rtment of Health and Mental Hygiene 96 40839

						Certific	cate of	Death		Reg. No.	20	40000
			1. Decedent's Nama (First, Middle, Li	est)					2. Date of D			3. Tima of Death
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			Usual Rasidance of Decedant						June 1	4 1703	161	msyrvania
	/lan		10a. Stata 10b. County		10c. City, Town	or Location	า					10d. Inside City Limits
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	the 28s	Director	10e. Street and Number	-	MIOI.		f. Zip Code			10a. Citizen	of What Cou	intry?
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	eath F 23	Funeral	11. Meritel Status	12. Was Decedent E	ver in II S	13 Wee F	Decedent of	Hispanic Origin? (Specify Vac or N		Race - Amar	ican Indian
	iten d	n n	1 Never Merried 2 Married	Armed Forces?		If Yas,	specify Cul	oan, Mexican, Pua	rto Rican, atc.)		Black, Whita	
20	72 hours after death with the Maryland natural; or items 23a or 28a-f show dicel Examiner must be notified at	by F	3 X Widowed 4 □ Divorced	If Yaa, Giva Year or Dates:	,	1 U Y	as 2 X No	Specify:		Sp	ecify: Wh	ite
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Maryland			19a. Informant'a Name/Relationship					et and Number or F				ip Coda)
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0	M its		20a. Mathod of Disposition 1 ☑Burial 2 ☐ Cramation 3 [Removal from Stata		y, cremetory	or other pla		Data	20c, Locat	ion - City or T	own, Stata
Ē	Pa men ant: ury		4 ☐ Donation 5 ☐ Other (Speci		Fremo	nt Cer	metery	Dec 27,	1996	Notti	ngham i	PA
Baltimore,	permit. Pages Department of Important: If it any injury or o		21. Signature of Funeral Service Lice	nsee				ass of Facility				
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Ç.	Physician		arlock, or heart pelurg. List only	one cause co-secti line	6						1	Intarval Between Onset and Death
z	/Medicai		Immediata Causa (Final	1	man		1. 6	1000				. 7
п	Examiner		disease or condition resulting in death)		majeri			Jan 40	۷			, Jun
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	uted	Examiner		b	Revo	chert	ECC	CH12111	1 00 cm a	Moe	020-	10172
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68760,	bur Dur		cause. Enter Underlying Cause (Disaese or injury that initiated events	c							-	
28	death certificata b attending physic d for use as the b	/Medical	rasulting in death) Last	D	ua to (or es e c	onsequence	9 Of):				1	
×	ding se a	Š		d								
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o.	the de	Physician	Part II. Other eignificant conditions	contributing to death but	not rasuiting in	tha undarly	ring causa g	iven in Part I.	23b. Die	tobacco use	e contribute	to the cause of death?
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Record	requires been sign should be	Completed	alaho	maria Al	samo.					s an autopsy lormed?	8.	Vara autopsy findings
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of Vital	Ician: The certificate rector, pag	Be	25. Was case rafarrad to medical axaminer?					26. Placa of D	eath (Check only	ona)		
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Division	or Attendation of Att	ific	3 ☐ Suicida 6 ☐ Could not to data mined	Zoa. Flace of Illjui	y - At homa, fa	rm, straat, fa	actory, office) i	28f. Location	(Street and N	lumber or Ru	rai Route Number,
ā	s after a li Direct	Certification:	- Lioniloua	building, atc.	(Specify)				Ony or 10	own, Stata)		
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	HC HC Fu	edicai	(Check only one) 2 Medical Example (Check only one)	miner: On the basis of a and mennar stet	examinetion and	d/or invastig	ation, in my	opinion, daath occ	curred at tha time	, deta and pla	ace, and dua	to the cause(s)
	To the To	ž	29b. Signatura and titla of certifier				29c. Licar	isa number		29d. Deta s	Igned (Month	o, Day, Year)
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	/		30. Nama and addrass of person who	complated causa of da	7 //U	Type Print	100	1 40			7 3 17	79
	6		A ALL ALL TO D	to II.) (Naii) 238) (> 1 - 1	Mail	2000	1731			
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ı	Physic	ian	Decedent's Name (First, Middle, Les	()				2. Dete of Death Month	Day and	Vaar	3. Time of Death
d	/Medi	cai	Mayfair Song 4a. Facility Name (If not institution, give	And A and an all and a large			4b. City, Town, or L	Dec 1	6 1996		10:43 Pm
	Exami Funeral Director	ner	Holy Cross Hosp: 5. Sociel Sacurity Number 6. Second Sacurity Number	ital	yrs. lest birthd 1	Months Days	Silver Sp	ring	'eer)	gomer	e (Stete or Foraign
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	the Marylan 28a-f ahow notined at	Po									1 ☐ Yas 2 ☑ No
	with the	Director	Maryland Montgo	omery 5	ilver :	10f. Zip Code		109	. Citizen of Wh	nat Country	?
020	72 hours after deeth with the Maryland "natural", or flems 23s or 28s-f show solded Examiner must be notified at	by Funeral	2804 Beechmont Lan 11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever i Armed Forces? 1 ☐ Yes 2 ☒ No It Yes, Give Year or Dates:	in U,S.	3. Was Decedent of If Yas, specify Cub		pecify Yas or No- pecify Yas or No- pecify Yas or No-	Specify:	ng - American , White, atc. Asian	
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	filed with Hygiene. other than		17. Fathar's Name (First, Middle, Last)		Home	emaker	18. Mother's Nam	e (First, Middle, Me	wn Home		
lan	should be filed nd Mental Hygi marked other	To Be	King W. Song				Mui D.				
Maryland	2 should be f and Mental is is marked of surnatic eve		19e. Informent's Neme/Relationship (T	ype, Print)	19b. M	ailing Address (Stree			City or Town, Si	tete, Zip Co	ide)
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Balti	permit. Pe Departmen Important: any injury once.		21. Signature of Funeral Service Licans]	Heaven Ce 22. Nama and Addre Francis J. 500 Univer	ass of Fecility Collins	Funeral H	lome, In	nc.	
	Physician		23a. Part . Enter the disease, or comp shock, or heart failure. List only o	lications thet causad tha d ne ceuse on each line.	leath. Do not	antar the mode of dyi	ing, such as cerdiac	or respiretory arres	l,	Ap	proximata terval Between nset and Death
	/Medicai Examiner		Immediate Cause (Final disease or condition resulting in deeth)	a. Dali	o (or es e con	J Elw sequence ot):	bulisa	1			Hours
30,	ificate be executed physician end as the bural-transit	i Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	b. Aterio Due t	SCLUC O (or as e cons	sequence ot):	eart c	liseare			413
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	death	Physician/M	Part II. Other significant conditions co	ntributing to death but not	resulting In the	underlying cause gi	ven in Part I.	23b. Did toba	icco uae contr	ribute to the	e cause of death?
s, P.O	res that the de signed by the be detached	by Phy	5/p Colone	edony	tor (blonco	7	1 🗆 Yes	20 No 3	B Probabi	ly 4 Unknown
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Vita	Physician: The this certificate ral director, page	Be c	25. Was case referred to medical exeminer?	Hospitai:	***	Oti	hor:	th (Check only one)			
ion of	i or Attending Phys after death. Director: After this d in by the funeral di	atlon: To	27. Menner of Death 1 Natural 5 Pending 2 Accident Investigation	28e. Dete of Injury (Month, Dey Year	28b. Time Injur	ot 28c. inju	4 LI Nursing He	ome 5 ☐ Residence 28d. Dascribe how			
=	To the Hospital or Atte within 24 hours after de To the Funeral Direct completely filled in by ti	Certification:	3 Suicide 6 Could not be 4 Homicida determined	28e. Place ot injury - A building, etc. (Spo	ecify)			28f. Location (Stre City or Town, S	Steta)		
	To the Hospital within 24 hours a To the Funeral Completely filled	edicai	29a. Certifier (Check only one) Certifying Physical Examination (Check only one)	ner: On the basis of exame and manner stated.	knowiedge, de Ination end/or	ath occurred at the ti- investigation, in my o	me, date and placa, opinion, deeth occur	and due to the caused et the time, date	se(s) end mann and placa, en	ner as state d due to the	d. e causa(s)
	To t To t	×	29b. Signature and title of certified	0	2	29c. Licans		290	. Date signed ((Month, Dey	(, Year)
	1		30. Name and eddress of person who co	ompleted cause of path (NO Item 23e) (Typ		3550	(Ma)	Dec. 1	1, 19	196
	4		BERNADETTE.	SOONES MO.	1100		street	#2,511	ver 5	PRING	2 md20911
	Sta Registr		31. Date tiled (Month, Dey, Yeer) DFC 2 3 1996	2. Registrar's Si	gnature M-Aanda	22				U	

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

40841 Certificate of Death 1. Decedent's Neme (First, Middla, Lest) 2. Deta of Daath 3. Tima of Death Day **Physician** Month Yeer Harold Elmer Snyder December 23, 1996 4:00 PM /Medicai 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Manor Care-Fernwood Bethesda Montgomery If Undar 1 Yaar If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) **Funerai** Deys 10XM 2□ F Yrs. Director 520-07-0664 Oct. 27, 1915 Kansas the Maryland 10e. Stete 10b: County 10c. City, Town or Location worle 10d. Inside City Limits me 23a or 28a-f show Director 1 ☐ Yes 2 No Maryland Montgomery Potomac 10e. Street end Number 10f. Zip Code 10g. Citlzen of What Country? death with 8102 Whites Ford Way Funeral United States 20854 Hema 2 12. Wes Decedent Ever in U,S.
Armed Forcas?
1 Kl Yes 2 No Korea
If Yes, Give
Yaar or Detes: War II Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Ricen, etc.) 11 Marital Status Rece - American Indien, Bleck, White, etc. The Medical Examiner filed within 72 hours after 1 ☐ Never Merried 2 X Married 21215-0020 ò 1 ☐ Yes 2 X No Specify: by Specify: 3 Widowed 4 Divorced "natural" White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highast grede completed) pernit. Pages 1 and 2 should be filed withir Department of Health and Mentel Hygiene. Important: If item 27 is marked other than any injury or other treumatic event, Ira M. Elementery/Secondery (0-12) College (1-4or 5+) United States Director Government Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middla, Melden Sumema) Be Harry Thomas Snyder Oppa Jeannette McAferty 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Helen E. Snyder / wife 8102 Whites Ford Way, Potomac, Maryland 20854 20b. Place of Disposition (Name of cametery, cremetory or other place) December 25, 1996 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 X Cremation 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland 21. Signature of Funeral Se rvice Linensee M00831 22. Name end Address of Fecility Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805 23a. Pert1. Enter the luseese, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Approximete Intervel Between **Physician** /Medical Immediete Cause (Finel disaesa or condition resulting in death) e Cardiac Arrest **Examiner** Due to (or es a consequence of); Coronary Artery Disease and Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Last Due to (or es a consequença of): physician the death certificate be Physician/Medical the Due to (or es e consequenca of): use es P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 🔀 Unknown The law requires that Chronic Obstructive Lung Disease, Renal Failure þ Records, 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? peen Fractured Hip this certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No. Division of Vital Physician: director, Be 25. Wes casa referred to medical 26. Plece of Death (Check only one) 2 1 XYes 2 □ No Other: 4 Nursing Homa 5 ☐ Residenca 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA a or Attending Physics after death.

Jinector: After this ed in by the funeral di 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Naturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours aft To the Funerel Di completely filled in 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and plece, end due to the cause(s) end menner es stated.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date end placa, end dua to the cause(s) end menner stated. 29a. Certifier Medical (Check only onel 29b. Signeture enduitle of certifier 29c. License number 29d. Data signed (Month, Day, Year) D26571 December 24, 1996 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 10+1 Irving Mizus, M.D. 4930 Del Ray Avenue, Bethesda, Maryland 31. Dete filed (Month, Day, Year) 32 Registrar's Signeture State Ma Davidson DEC 27 1996

Registrar

Dr. Mayle December

DHMH 16 Rev 6/95

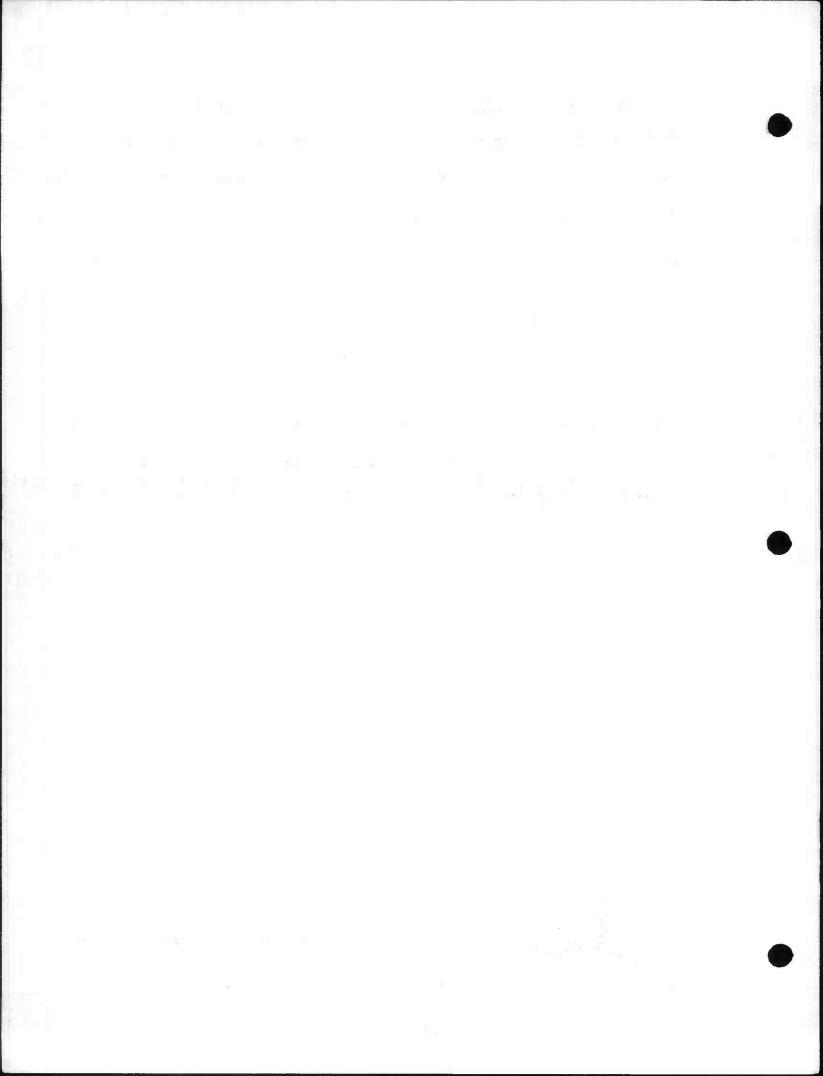
State of Maryland / Department of Health and Mental Hygiene

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Physician /Medical Examiner			I MAMILI VIRGINIA SILVIIIS							December 22, 1996 9:20				AM	
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ø	f Health Health Hem 27 other t		William Joseph Mo 20e, Method of Disposition	cVey/ Son	20b. Pled	1 -1	1.1 40.1				t. Air		yrand lon - City or 1		
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Records,	requires een sign hould be										24e. Wes	24e. Wes an eutopsy performed? 24b. Were autopsy to available prior to completion of or of death?			dings
8	To the Hospital or Attending Physician: The law require within 24 hours after death. To the Funeral Director: After this certificate has been si completely filled in by the funeral director, page 2 should										perl				188
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		edical	29e. Certifier 1 ☐ Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the cause(s) and manner as stated. (Check only one) Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and pieca, and due to the cause(s) end menner stated.												
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	φ		Ronald E. Miller					ΑI	ry, M	ary1	and 21	771-53	11		
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Registrar

DEC 27 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 40843

							Certifica	ite of	Death		Red	. No.			
			1. Decedent's Neme (First, Mid	dle, Last)						2. Dete of				3. Time of D	eath
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	and		10a. State 10b. Coun	ty		10c. City, Town	or Location						1	0d. Inside City	Limit
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	s after	Certification:			building, etc	. (Specify				Only or	1001,	State)			
	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.		29a. Certifier 1□ Certifyl	ng Physician: 1	To the best o	of my knowledga,	deeth occurred	d et tha t	ima, dete end ple	eca, end dua to t	ha cau	sa(s) end me	enner es st	etad.	
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State of Maryland / Department of Health and Mental Hygiene 40844 Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** SZABO Kose 850 A 2/ /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** SUBURBAN HOSPITAL BETHESDA MONTGOMERY If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys 1□M 2□F Yrs. 143-32-5791 92 Director 27,1904 FEB. ROMANIA Usual Residence of Deceden 10a. State 10b. County 10c. City, Town or Location r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. inside City Limits Director MARYLAND 1 ☐ Yes 2 No MONTGOMERY ROCKVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6105 MONTROSE ROAD 20852 UNITED STATES Funeral 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Black, White, etc. 11. Marital Status 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 If Yes, Give Year or Dates: 1 ☐ Yes 2 X No Specify: Specify: by 3 Widowed 4 □ Divorcad WHITE Completed 15. Decadent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME other 17. Fether's Name (First, Middle Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be permit. Pages 1 and 2 should be Department of Health and Mental Important: If Item 27 Is marked of eny Injury or other traumatic eve SALOMON TEICHMAN BERTHA WEISS 19a. informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) ZOLTAN SZABO 4924 SENTINEL DRIVE - BETHESDA, MARYLAND 20816 (SON) 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 XBuriai 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) KING DAVID MEM. GDN. 12/22/96 FALLS CHURCH, VIRGINIA 21. Signature of Funeral Service Life 22. Name and Address of Facility DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE-ROCKVILLE, MARYLAND 20852 ter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical immediate Ceuse (Final disease or condition resulting in death) Examiner physician and s the burial-transit The law requires that the deeth certificate be executed Exami Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760 Physician/Medical Due to (or es e consequenca of) for use as P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Records, þ Completed 24b. Were autopsy findings eveilable prior to 24a. Was an autopsy performed? peen completion of cause of death? page 2 has 20 No 1 Yes 20 No 1 Yes certificate Division of Vital Hospital or Attanding Physician: 24 hours efter death. Be 25. Was case referred to medical 26. Piece of Death (Check only one) To 1 Yes 2 No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manng-of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of Certification: 28c. Injury at Work? 28d. Describe how injury occurred After 1 Netural 5 Pending investigation 1 Yes 2 No 2 Accident Director: / 3 Suicide 6 Could not be 28e. Pieca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) To the how within 24 burst To the Funeral Direc-4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end pleca, and due to the cause(s) and menner es stated.
2 Medicat Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, dete and pleca, and due to the cause(s) end menner stated. 29a. Certifier Medical 29b. Signature and title of dertifier 29c. License number D / 46 0 9 29d. Date signed (Month, Day, Year)

State Registrar 30. Name end eddress of person who completed cause of death (item 23a) (Type, Print)

SOCH

DEC 2 4 1996

31. Date filed (Month, Day, Year)

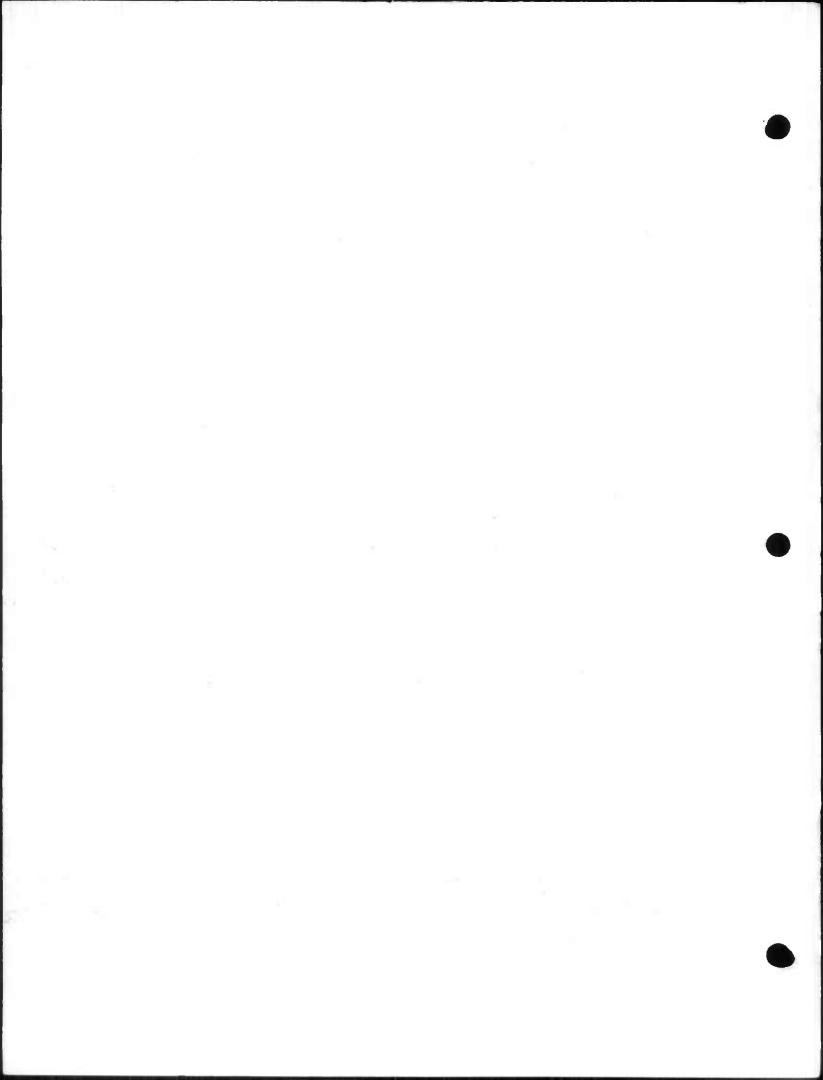
DHMH 16 Rev 6/95

PARK DR SILVER SPRING, MD 20902

State of the state

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			ENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			TIME OF DEATH	
	Frederick D Sco	tt				December	. 19	96	6:15 a.	м
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (Ir		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreig	177
	385-28-9503 1 9a. FACILITY NAME (If not institution, give stree	t and number	64 YRS.	NTHS DAYS	HOURS MIN.	Dec. 23 1	931	A	labama	_
<u>«</u>	Holy Cross Hosp				Spring					
5	RESIDENCE OF DECEDENT	Ital					MOII	tgom	ery	
DIRECTOR	Maryland Montg	omerv		own on Locat Ver Spi					d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	J			. ZIP CODE		10g. CITIZE		T COUNTRY?	-1
ER/	9227 Three Oaks	Drive			20901		Unit	ed S	tates	- 1
BY FUNERAL	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO TES	If yes, spe	ENDENT OF HISPANIC ocity Cuban, Maxican, 2 XNO Specify:	C ORIGIN? (Specify Ye, Puerto Ricen, etc.)	s or No — 14	Black, V	American Indian, white, etc. Black	
	15. DECEDENT'S EDUCAT	TION	16a, DECEDENT'S US	UAL OCCUPATION	DN	16b. KIND OF BU	SINESS/INDUS	STRY		\dashv
<u> </u>	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of work life, Do NOT use re	done during mo- tired.)	st of working					
COMPLETED	12	2	Sales			Academ	y Life	Ins	urance	- 1
Š	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden	Sumame)			
ш	Unknown					Lena Scot	t			
10 B	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Tox				
-	Evelyn Scott					Silver S				
	20a. METNOD OF DISPOSITION 1 General Surface S	il trom State FO:	PLACE AND DATE OF E ttery, cremetory or other LINCOLI	placei n Crema	me of atory	12/21 Br	entwoo			
	21. SIGNATURE OF PUNERAL SERVICE LICEN			22. NAME AN	ID ADDRESS OF FACI	Hines/R	inaldi	Fun	eral Hom	ne
	* (homas)	Huns	ri)			shire Ave				
	23. PART I. Enter the diseases, or conshock, or heart failure. Lis immediate Cause (Final disease or condition resulting in death)		S40cl	<		aa cardiac or reap	iratory arrea	it,	Approximate interval Betwoonset and D	reen
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	A SULPTO (OR AS A	CONSEQUENCE OF):	reun	va ja				Zday	5
MEDICAL	PART II. Other algnificant conditions of the part of t	renal	faile	ne		PERFO	RMED?	OI OI	ERE AUTOPSY FINDI MILABLE PRIOR TO OMPLETION OF CAUS F DEATN?	
NA	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH		DINCERIAIIY					\dashv
Sic	EXAMINER?	IOSPITAL:		THER:	e 5 🗆 Residenca 6	Dibar (Specify)				\neg
PHYSICIAN:	27. MANNER DF DEATN	28e. DATE OF INJURY	28b. TIME D	F 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCU	RED		\dashv
	1 Deletural 5 Pending Investigation	(Month, Day, Year)	INJUR		RK? YES 2 NO	_				
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, at Fpeci	At home, ferm, stre	et, tactory, offic	•	28t. LOCATION (Street City or Town, State	and Number or	Rural Rou	te Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	AN: To the best of my knowle On the basis of examination							nd manner as state	id.
TO BE	196. SIGNATURE AND TITLE OF CERTURER	the me	2		DZ/4		29d. DATE :	SIGNEO (M	onth, Day, Year) er 20, (990
	31. DATE FILED (Month, Day, Year)	ng MD	TH (ITEM 27) (Type, Pri	Med	al Ke	-KD-	Silve	351	rmMe	120
	DEC 2 4 1996	Julia David	son-fandell	•						

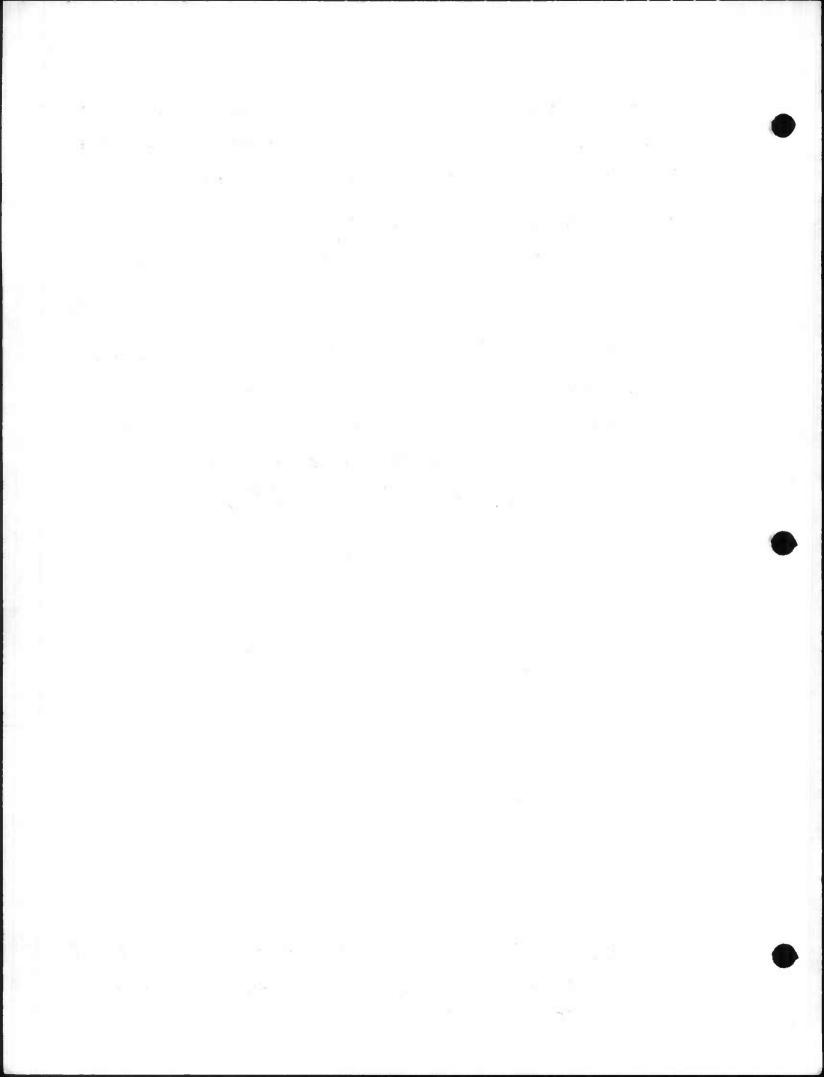


State of Maryland / Department of Health and Mental Hygiene Q C

			Decedent's Neme (First, Middle,				tificate o	f Death		Reg. No.	70	40846
т	Physic	ian							2. Dete of De Month	Dey	Year	3. Time of Death
	/Medi			KOWITZ					DECEMB		996	4:45PM
	Examir	ner	4a. Facility Name (If not institution,		or)			4b. City, Town, o		th 4c. County	of Death	
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	Funeral Director		052-07-2767	. Sex 1 □ M 2 🗓 F	Age (In yrs. I	lest birthdey) Yrs.	Months Dey		/Month D	oy, Year) 0, 1916	9. Birthp Cour N	piace (Stete or Foreign http:/ Y
	ž		Usual Residence of Decedent 10a. Stete 10b. County		10c. City	, Town or Loc	ation				1	Od. Inside City Limits
	the Marylar 28a-f show notified at	20		OMERT							'	1 DYYes 2 □ No
	the Mg 28a-f	ecto	MD MONTG	OMERY		SILVER	SPRING					
	€ 8 8	-	10e. Street and Number				10f. Zip Code			10g. Citizen of \	What Cour	itry?
	€ 2 ≡	rai	11305 ESTONA DR				2090			US	7.00	
Maryland 21215-0020	urs after des af, or itsms Examiner m	by Funeral Director	11. Maritel Status 1 Never Merried 2 Marrier 3 Widowed 4 Divorced	12. Was Deceder Armed Force 1	s? No		Ves Decedent of Yes, specify Cu	Hispanic Origin? (ban, Mexican, Pue Specify:	Specify Yes or Norto Rican, etc.)	o- 14. Red Blac Specify	ck, White,	can Indian, etc.
9	S ho	8	15. Decedent's	Education		16a. Decede	ent's Usuel Occ	upation		16b. Kind of B		
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5	Title of the last	mo	Elementery/Secondery (0-12)	College (1-4d	r 5+)	SI	ECRETER	Y		GOV	ERNMI	ENT
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œ.		ToB	BENJAMIN GORDON					рагп.т	NE LEVE	THAT.		
5	should nd Mar marks imarlic	-	19e. Informent's Neme/Reletionship	(Type, Print)		19b. Meiling	Address (Stre	et and Number or F			Stete. Zio	Code)
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Baltimore,	- T # 46		20a. Method of Disposition		20b. Pl	lece of Dispos	ition (Neme of etory or other p	A DRIVE,	Date	20c. Location -		
no	80= 8		1 Burial 2 Cremetion 3		(0)				10/00	Color.		
Ē	artmen ortant: injury		4 ☐ Donation 5 ☐ Other (Spe 21. Signeture of Funeral Service Li		IVI.		Neme and Add	EMATORY	12/23	ALEXA	NDRIA	A, VA
Ba	Dep		21. Signification of union sorting	DANIEL	SIMO	I	EDWARD :	SAGEL FUN CKVILLE F			MD 3	20852
			23a. Pert1. Enter the disease, or co shock, or hear laters. List or			. Do not ente	r the mode of d	ying, such as cardi	ec or respiretory	errest,	110 2	Approximate
а	Physician		Stroom, or the parties. Elog of	,								Interval Between Onset and Death
а	/Medical	П	Immediate Cause (Final disease or condition	Aten	1200	len ti	Hea	pt DI	CORE		1	YEARS
п	Examiner		resulting in deeth)	e. Mrive		r es a consequ		101 71.	SOBC		1	JUNES
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Box		3		d							<u> </u>	
-	death cer e attendir ed for use	Cla	Pert II. Other significant conditions	contributing to death	but not rocu	illing to the up	dodulna opuso	shoo in Bod I	22h Did	tobacco use co	medbude to	o the cause of death?
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	signed b								. 1	Yes 2□ No	3 Pro	bably 42 Unknow
o	requires that the een signed by th hould be detache	d by							24a, Wes	s an autopsy	24b. W	ere autopsy findings
000		Completed								ormed?	av.	allable prior to impletion of cause
ě	W 80 CA	du									of	death?
8	: The	ပိ				_			10	Yes 2 No	10	Yes 2□No
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_	ng P fler t	ii o	27. Menner of Death 1 ☑ Neturel 5 ☐ Pending	28e. Date of In (Month, L	jury Jay Year)	28b. Time of Injury	28c. In	ury et ork?	28d. Describe	how injury occur	red	
000	Attending r death. sctor: After by the fune	at	2 Accident investiget				M 1	☐ Yes 2☐ No				
Division	rect rect	Certification:	3 Suicide 6 Could no 4 Homicide determine	286. Plece of I	njury - At horetc. (Specify	me, ferm, stre	et, fectory, offic	9	28f. Location ((Street and Numb	oer or Rura	Il Route Number,
	el Di	Č		W.	, , ,	,						
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Certifier 1 Certifying 2 Medical Ex	Physician: To the bes aminer: On the basis end menner:	of examineti	vledge, deeth ion end/or inve	occurred et the estigetion, in my	time, dete and pled oplnion, deeth occ	e, end due to the curred at the time,	cause(s) and ma dete and placa,	anner as st and due to	tated. the cause(s)
	of the of	Me	29b. Signeture and title of certifier				29c. Lice	nse number	1	29d. Dete signe	d (Month,	Day, Year)
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_/	2			4. D. 54.	sy w	23e) (Type, P	in Ave	CHEL	14 CHAS.	e MD	20	22,1996
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DHMH 16 Rev 6/95

Registrar



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State of Maryland / Department of Health and Mental Hygiene 96

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	Physic /Medi		Decedent's Name (First, Middle, Wirginia Gra						2. Date of De Month		Year 96	3. Time of 1:40	Death
	Exami		4e. Facility Name (If not institution, g	give street and number)				4b. City, Town, or Hagerst	Location of Deat	th 4c. Count			
	Funeral Director				ge (In yrs. last birt	Months Months	Days	if Under 24 Hrs. Hours Min.		rth a <i>y, Year)</i>	9. Birth	place (State of ntry) t Virgi	
	Marylend a-f show thed at	tor	10a. State 10b. County Maryland Washir	ngton	10c. City, Town	or Location gerstov	'n			,		10d. Inside Cit 1 ☐ Yes	
	72 hours after death with the Maryland "natural", or items 23s or 28s-f show edical Examinet must be notified at	Funeral Director	10e. Street and Number 18026 Putter Dr 11. Maritai Status	rive 12. Was Decedent Armed Forces?		13. Was Dece	2174	i () dispanic Origin? (S an, Mexican, Puert	pecify Yes or No		A.	can Indian,	
0020	irai', or its	þ	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced					Specify:	o Hican, etc.)	Specif	ck, White, y: Wh:	ite	
-21717	within ene. than	Completed	15. Decedent's (Specify only highest g Elementery/Secondary (0-12)				el Occup ork done use retired	during most of wor d)	rking	16b. Kind of B			
Maryland 21215-0020	d 2 should be filed in and Mental Hygiel 7 is marked other traumatic event, it	To Be C	17. Father's Name (First, Middle, Le Antonio Genove	st)		TOINE	marc	18. Mother's Nan	ne (First, Middle Cincio	, Maiden Sumar		One	
Baitimore,	permit. Pages 1 end: Department of Health Important: If Item 27 i any injury or other tr		20a. Method of Disposition 1 Disposition 2 Cremation 3 4 Donetion 5 Other (Special Service Lice) 21. Signeture of Funeral Service Lice 23a. Partition Enter the disease, or conshock, or heart feiture. List on	cify) ensee	Cedar	22. Name e	emori	al Park	mo		rstow	n, Mar 21740 Approximate Interval Betv	e ween
	Physician /Medical Examiner		Immediate Cause (Finat disease or condition resulting in deeth)		LYMPHOM,	WIDESPRE	AD				1	Onset and D	
ec,	certificate be executed rding physician and ise es the burial-transit	ai Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events	b	Due to (or as a co						1		
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VIII	E 8 8	Be Co	25. Was case referred to medical examiner?					28. Plece of Dea		Yes 2□No one)	XX	Yes Zki	No
5	Physician: r this certific ral director,	To	1 ☐ Yes 2 ☒ No 27. Manner of Deeth		nt 2 ER/Out			4 LI Nursing H		dence 6 □Oth		'y)	
0	nding I th. : After e funer	ation:	Neturel 54 Pending investigation	28a. Date of Inju (Month, De)	ry Year) 28b. Ti	jury M	28c. Injun Work	yat k? Yes 2 □ No	∠80. Describe	how Injury occur	, 190		

To the Hospital or Attend within 24 hours after deatl To the Funeral Director: completely filled in by the

6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier (Check only one) 1\(\text{L}\) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 \(\text{Medical Examiner:} \) On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signeture and title of certifier dum W DiHow

29d. Date signed (Month, Day, Year) 29c. License number

D01062

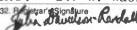
December 23, 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Edward W. Ditto, III, M.D. 217 W. Washington St. Hagerstown, MD

State Registrar

Medical Certific



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40848 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month James A. Stevenson 23 1995 Dec 5:06 pm 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Salisbury If Under 24 Hrs. 8. Dete of Birth Min. (Month, Day, Deer's Head Center Wicomico 7. Age (In yrs. last birthdey) If Under 1 Yeer 5. Social Security Number 217 - 30 - 9735 Birthplece (State or Foreign Country) 217-30-Days 1**X**M 2□ F 6 Yrs. Usual Residence of Decedent 10b. Ceursy 10c. City Town or Location 10d. Inside City Limits 1 12 Yes 2 □ No Vincess Omeises 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 853 lace 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Year or Dates: 11. Maritai Status Was Decedenl of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Biack, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 🗷 No 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working iife. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) aborER 0/4 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) HESTER TEVENSON Adams W: Fe 19b. Mailing Address (Street and Number NETTIE Kriscilla Drummond STEVENSON Apt. 19 tone, MD 20b. Piace of Disposition (Name of cemetary, crematory or other place) 20a. Method of Disposition Date ocation - Cify or Town, State 1 ⊠ Buriai 2 ☐ Cremetion 3 ☐ Removal from State Hope Cometery 12-28-96 4 Donation 5 Other (Specify) Anthony E. WARD Funcial Home 30639 Hampdon AVE Plincess Anne, 30639 MO 21753 e, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. Approximate Interval Between Onset and Death

Physician /Medica Examine

Department of Important: If any Injury or

Physician

/Medical

Examiner

10e. Stete

Funeral

Director

Peges 1 and 2 should be filed within 72 hours after death with the Maryland ment of Heelth and Mentel Hygiene.
ant: If Nem 27 is marked other than "natural; or items 23s or 28s-f show ury or other traumetic event, it a Medical Examiner mans be notified at

Baltimore, Maryland 21215-0020

Completed by Funeral Director

Be

To the Mospital or Attending Physician: The law requires that the death certificate be associated within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriet-transit

Division of Vital Records, P.O. Box 68760,

	Immediete Cause (Finai diseese or condition resulting in death)	Pneumonia				3 days
Iner		Coma Due to (or as a consequence o	():		47 days
Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	. Cerebral A	or as e consequence of):		47 days
y Physicia	Part ii. Other significant conditions co		sulting in the underlying	cause given in Part I.	23b. Did tobacco use cor	ntribute to the cause of death?
Completed by					24a. Was en autopsy performed?	24b. Ware eutopsy findings sveilable prior lo completion of cause of death?
					1□ Yes 2¬No	1 ☐ Yes 2 ☐ No
Be	25. Was case referred to medical examiner?	1			ath (Check only one)	
2	T Tes 26 No	V	ER/Outpatient 3□ [OOA Other: 4 Nursing	Home 5 ☐ Residence 6 ☐ Othe	er (Specify)
atlon:	27. Menner of Death 1 Natural 2 Accident 5 Pending investigation	28a. Date of injury (Month, Day Year)	28b. Time of injury	28c. Injury et Work? 1 ☐ Yes 2 ☐ No	28d. Describe how injury occurr	ed
Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At h building, etc. (Speci	iome, farm, street, factory)	ory, office	28f. Location (Street and Numb City or Town, State)	er or Rurai Route Number,
dical C	29a. Certifier (Check only one) 1 Certifying Phy	sician: To the best of my kno	owledge, deeth occurre ation and/or investigation	d et the time, date and plac n, in my opinion, death occ	.! e, and due to the ceuse(s) and ma urred at the time, dete and place, a	nner as stated. and due to the cause(s)

29c. License number

29d. Date signed (Month, Day, Year)

23/96

State Registrar

V.A. Dulany, M.D., 31. Date filed (Month, Day, Year) DEC27 1996

29b. Signeture and title of cartifier

32. Registrar's Signature

CMD

30. Name end address of person who completed cause of death (item 23e) (Type, Print)

MD

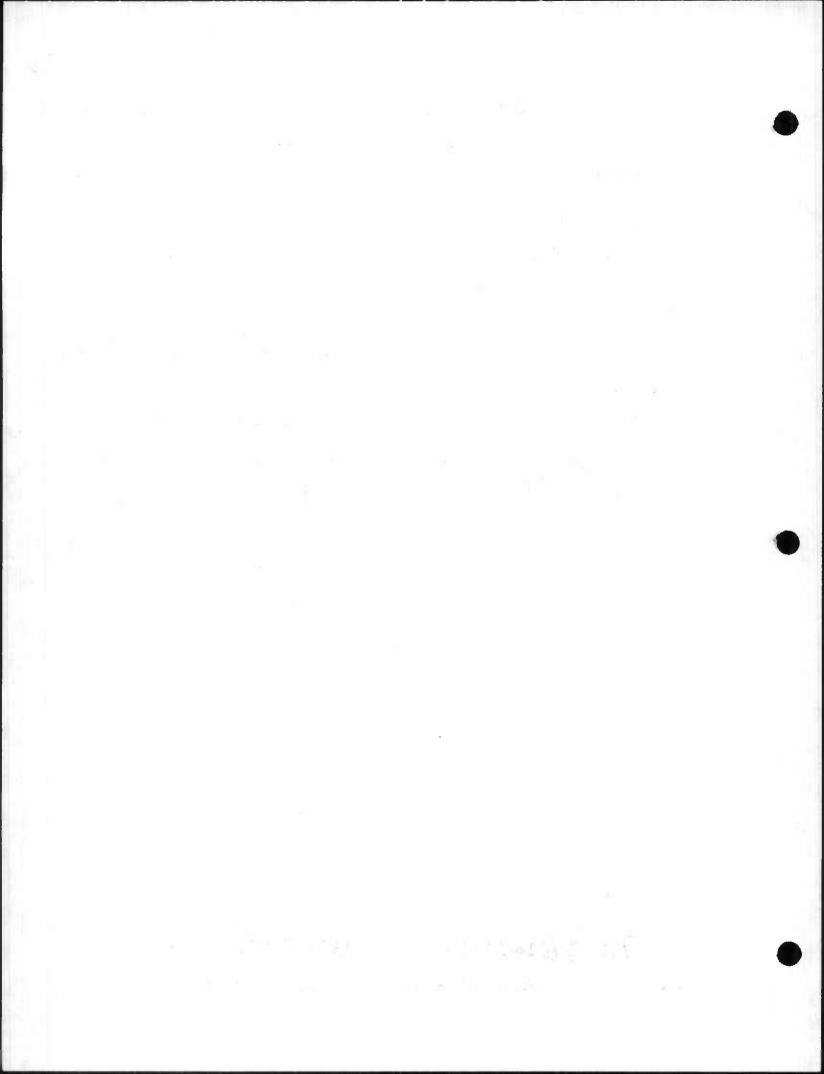
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State of Maryland / Department of Health and Mental Hygiene

40849 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** Month Yeer 28, ANITA ROMAINE SMITH 1996 Dec. 5:00 AM /Medical 4e. Fecility Neme (If not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner CHARLES COUNTY NURSING & REHAB CENTER La Plata Charles 8. Date of Birth (Month, Day, Year) NOV . 11, If Under 1 Year | If Under 24 Hrs. 5. Sociel Sacurity Number 7. Aga (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Days 1□ M 2□ F 87 Yrs Director 589-44-5527 1909 Maryland Usuel Residanca of Deceden the Maryland 10a. Steta If is marked other than "natural", or frams 23s or 28s-f show traumatic event, the Modical Examenar must be notified at 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director Maryland Charles Waldorf 10a. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3406 Old Washington Road 20601 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yaar or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, atc.) 14. Raca - American Indien, Bleck, Whita, etc. should be filed within 72 hours efter and Mental Hygiene. marked other than "natural", or he 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No þ Specify: White 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usuel Occupetion (Giva kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Public Health Elementary/Secondery (0-12) College (1-4or 5+) State of Maryland 12 6 Public Health Nurse permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 Is marked oths any Injury or other traumatic event 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumame) Frederick Wathen Mary Romaine Watson 19e. Informant's Name/Reletionship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charles H. Smith - Son 4076 Roscrea Drive, Tallahassee, Fl 32308 20b. Plece of Disposition (Name of cemetary, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Crametion 3 ☐ Removal from Stete St. Peter's Cemetery 4 Donetion 5 Other Specify 12-31-96 Waldorf, MD 21. Signature of Fuperal Service Licenson 22. Neme end Addrass of Fecility Huntt Funeral Home, Inc. 23e. Pert Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feiture. List only one ceuse on each line. Approximete Intervel Batween Onsat and Death **Physician** /Medical tmmedleta Causa (Final day disease or condition rasulting in deeth) Examiner Hours physician and s the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to Immediete cause. Enter Undarfying Cause (Disaese or Injury that initieted events resulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or es e consequence of) for use es Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 1 Yss 2 No 3 Probably 4 Unknown been signed be should be deta þ Completed 24b. Were autopsy findings available prior to complation of causa of deeth? 24e. Wes en eutopsy performed? page 2 certificate 1 Yas 2 No 1 Tas 2 No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica stely filled in by the funeral director, Be 25. Wes cesa raferred to medicel exeminar? 26. Place of Deeth (Chack only ona) Other: Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28c. Injury et Work? 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 1 Netural
2 Accident 5 Pending Investigation 1 ☐ Yas 2 ☐ No 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida To the Hospital or within 24 hours aft To the Funeral Dis completely filled in 12 Certifying Physician: To the best of my knowledge, daeth occurred at the time, date end piece, end dua to the cause(s) and mannar es stated.

2 Medical Examiner: On the bests of examinetion and/or Investigation, in my opinion, daeth occurred et tha tima, deta end place, end due to the ceuse(s) end mennar stated. edical 29a. Certifiar 29d. Data signed (Month, Day, Year) 29b. Signeture end title of certil 29c. License number 12.30.96 who complated ceuse of deeth (ttam 23a) (Type, Print) 30. Name and eddrass of person Dr. Frederick' M. Johnson, 201 Howard St., La Plata, MD 20646 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State DEC 3 Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

40850

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	is 1 and 2 should be filed within 72 hours after death with the Meryland of Health and Mental Hygiene. If Health and Mental Hygiene. Other traumatic event, the Mexical Examiner must be nortified at other traumatic event, the Mexical Examiner must be nortified at	Funeral	11. Marital Status	_	edant Evar In U.	S 13 1			Hienania Or	lain? (Sn	acify Vac or N			- Amarica	n indian	
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ב כ	of H		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3	□p	20b. P	tace of Dispo amatary, cran	sition (Nar netory or o	na of thar pla	ice)		Data	20c. Lo	cation - C	ity or Tow	n, Stata	
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palititione,	permit. Pag Department Important: I sny Injury o		21. Signature of Funaral Sarvice Lic	censea					ass of Facili			1 200.		iid 2 j	20110	
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	or At after of Direct	Certification:	4 ☐ Homicide datarmina		ling, atc. (Specify		out inotor)	, 011100			City or To	wn, Stata,)			
	to the Hospital or Attending Physician: within 24 hours after death by the Funeral Director: After this certific completely filled in by the funeral director,		29a. Cartifier 1 Certifying F	Physician: To the	a heet of my know	ulados dasth	occurred	at the ti	ma data as	d place	and due to the	ooueo(a)	and man	nor on ata	tod	
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State of Maryland / Department of Health and Mental Hygiene

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Н	Francis	_			e (In yrs. lest bi	nthdev) If Under 1 Year					
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	yland		10a. Stete 10b. County	/3	10c. City, Tow	n or Location				100	d. fnside City Llmits
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	h with the	al Director	10a. Street end Number 4914 B Stree	t, S.E.		10f. Zip Code	20019		10g. Citizen of V		y?
Maryland 21215-0020	n 72 hours after death with the Maryland "natural", or frems 23a or 28a-f ahow after Examiner mark to notified at	by Funeral	11. Meritel Stetus 1 ☒ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent I Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Dates:		13. Was Decedent of If Yes, specify Cub 1 ☐ Yes 2 ☐ No		pecify Yes or N o Rican, etc.)	o- 14. Rec Bled Specify	e · American ck, White, et : Bla	tc.
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22	be filed withintal Hygiene. d other than	ပိ	12th 17. Fether's Nema (First, Middle, Les	e)		Sanitation			D.C. G		ıment
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Baltimore,	permit. Pages 1 and 2 should Department of Health and Mer Important: If tem 27 le marke any Injury or other traumatic once.		20e. Method of Disposition		20b. Plece o	f Disposition (Neme of ry, cremetory or other ple	12	/2ate/96	20c. Location -	City or Tow	m, Stete
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State of Maryland / Department of Health and Mental Hygiene

40852 Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Date of Deeth **Physician** Month Year HENRY Lorenzo SAUNDERS DEC. 1996 4:50 a.m. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington Adventist Hospital Takoma Park Montgomery If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 6. Sex 1 M 2 F 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** 260-56-1976 Yrs. 56 Director May 16, 1940 Miami, Florida Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ns 23a or 28a-f show 1X Yes 2 No Director Maryland Prince Georges Adelphi 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1832 Metzerott Road, Apt. 401 20783 United States death Funeral 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Herrs. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. "natural", or Item filed within 72 hours efter 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: Completed by Specity: 3 ☐ Widowed 4 ☐ Divorced Black. the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 4 years Biology Teacher Peges 1 and 2 should be filed without of Health and Mental Hygier trant: if Itam 27 Is marked other triury or other traumatic evant, D.C. Public Schools Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Edward Saunders, Sr. Esther Muriel Davis 19a. Informant's Name/Relationship (Type, Print) (wife) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Iris Todd Foster Saunders 1832 Metzerott Road, Apt. 401; Adelphi, Maryland 20783 20b. Place of Disposition (Name of cametery, cremetory or other place) Dec. 21, 1996 20a. Method of Disposition 20c. Location - City or Town, State 1
☐ Burial 2 ☐ Cremetion 3 ☐ Removal trom State permit. Pege Department of Important: if any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Maryland National Memorial Park Laurel, Maryland 22. Name and Address of Fecility Latney's Funeral Home, Inc. 21. Signature of Funeral Service Licensee Vatrus 3831 Georgia Avenue, N.W.; Washington, D.C. 20011 Approximate 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlac or respiretory errest, shock, or heer failure. List only one cause on each line. Onset end Death **Physician** Hortic Dissection /Medical tmmediate Cause (Final HRS disease or condition resulting in death) **Examiner** Varendan Direase rtenosclarotic ABL The law requires that the death certificete be executed burial-transi Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last pertension P.O. Box 68760, YRS Physician/Medical the Due to (or as a consequence ot): rokino 30 YRS Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy tindings evalleble prior to completion of cause of death? Completed 24a. Was en eutopsy performed? 1 Yes 2 No certificate Yes 2 No Attending Physician: 25. Was case referred to medical examiner? director, Be 26. Place of Death (Check only one) 2 1 Yes 2 No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA s after death.
If Director: After this ed in by the funeral d this 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred Certification: 28b. Time ot 28c. Injury et Work? 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital To the Hospital within 24 hours a To the Funeral [Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the cause(s) and manner as steted.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier **Ibmpletely** (Check only one) 29b. Signeture and little of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D22846 DECEMBER 19, 1996 DIBIANCO MD 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) WASHINGTON ADVENTIST HOSPITAL, TAKOMA PARK RUBERT DIBIANCO MD MARYLAND 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State 20912 John Savilear Ronall Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 40853 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physiclan** ANNTE TOMLIN December 9,1996 8:05 P.M. /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner TAKOMA PARK MON'I GUMER I

If Undar 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) 9. Birthplaca (State or Foreign
Country)

December 231,916 Virginia WASHINGTON ADVENTIST HOSPITAL If Under 1 Yaar 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Days 1 □ M 2 🛛 F 79 Yrs 230-03-5943 Director Usual Residence of Decadent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow 7 is marked other than "natural", or items 23a or 28a-f shov traumatic avent, the Modical Examinating that be notified at Director Hyattsville Maryland 1 ☑Yes 2 ☐ No Maryland 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 1203 Rose Dale Court U.S.A. 20782 Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ Navar Married 2 ☐ Marriad Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ 3. Widowed 4 ☐ Divorced APPOAmerican "natural", Completed 15. Decedent's Education 16a. Decadent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry (Specify only highest greda completed) marked other than Elementary/Secondery (0-12) College (1-4or 5+) Hygiene. None Home Maker permit. Pages 1 and 2 should be file Deperment of Health and Mentai Hy, important: If Itam 27 is marked othe any injury or other traumatic avera-17. Fathar's Name (First, Middla, Lest) 18. Mother's Name (First, Middle, Meiden Surneme) John A. Nickens Emma White Nickens 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Earnestine Yerby (daughter) 1203 Rose Dale Court W. Hyattsville MD. 20782 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, crematory or other pleca) Date 20c. Location - City or Town, State 12/14/96 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Willie Chapel Baptist Church Lancaster, Virginia IT Signature of Funeral Service Licenses 22. Name and Address of Facility BERRY O. WADDY P.O.BOX 165 LANCASTER VIRGINIA 22503 23a. Part1. Enter thi disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or raspiratory arrest, shock, or heart failura. List only one cause on each line. Approximata Intarval Betw Onsat and Death **Physician** /Medical Immediate Causa (Fina disaasa or condition resulting in death) Examiner Due to (or as a consequence of) Examiner e The law requires that the deeth certificete be executed and Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resuiting in death) Last ears Records, P.O. Box 68760 Physician/Medical the ettending p signed by the at d be deteched for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco use contribute to the cause of death? 3 Drobably 4 Unknown 1 Yes 2 No þ Be Completed 24a. Was an eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No 1 Yas 2 No certificate Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica stell filled in by the funeral director. 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred 1 Watural 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not ba 28e. Place of Injury - At homa, farm, street, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide To the Hospital
within 24 hours a
To the Funeral Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, and due to the ceuse(s) and menner as stated.

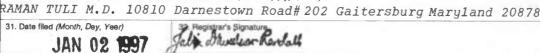
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) 29a, Certifier Medical completely and manner stated. 29b. Signature and title of cartifier 29c. License number 29d. Data signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Registrar

State

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31. Date filed (Month, Dev. Yeer)



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State of Maryland / Department of Health and Mental Hygiene 96 40854

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Baltimore,	permit. Peges 1 and Department of Health Important: If Item 27 any Injury or other to		21. Signature of Funaral Sarvica L	censee		22	. Nama and Ad	drass of Facilit	V				
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State of Maryland / Department of Health and Mental Hygiene 40855 Certificate of Death 1. Decedent's Neme, (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Lillie 10/liver. December 15, 1996 3:33 P.M. /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Death Springbrook Adventist Nursing Home Silver Spring Montgomery If Under 1 Year if Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 8. Dete of Birth (Month, Day, Year)
Jan. 25, 1900

9. Birthplace (State or Foreign Virginia 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1 □ M 2 🖾 F 226-24-0987 96 Director Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City. Town or Location r than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 No Director Montgomery Maryland Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2814 Hathaway Terrace 20906 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: 11. Marital Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Biack, White, etc. 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify 3 ☑ Widowed 4 ☐ Divorced White Completed 15. Decadent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Housewife Own Home permit. Pages 1 and 2 should be liled Organization of Health and Mental Hygis Important: If Iben 27 Is marked other t 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Chapman S. Chambers Ida Compton 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 201, Cedar Bluff, Virginia Singleton Funeral Service 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 図 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Greenhills Mem. Gard. 12/19/96 Claypool Hill, Virginia Funefal Service Licensee 22. Name and Address of Fecility Hines-Rinaldi Funeral Home, Inc. 11800 New Hampshire Ave., Silver Spring, MD 20904 omplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final Accident Cerebrorasculor 3-4 days disease or condition resulting in death) Examiner Due to (or es e consequence of) Examiner tension that the death certificate be executed physician and the bunal-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Last Due to (or as a consequence of) P.O. Box 68760, Physician/Medicai Due to (or es a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Š Congestive Heart Fuilure, Dementia, 1 Yes 2 No 3 Probably 4 Unknown bengis be del Records, Completed by 24b. Were autopsy findings evailable prior to completion of cause of deeth? Peptic Ulcer Disease, Degenerative Arthrito 1 Yes 2 No 1 ☐ Yes 2 No Division of Vital or Attending Physiclen: 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending Investigation death. 2 Accident 1 Yes 2 No efter death Director: 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 T Homicide filled in in 24 hou. The Funeral P 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated. Medical 29a, Certifier To the Hosp within 24 hor To the Fune completely fi (Check only one) 29b. Signeture en title po certifie 29c. License number 29d. Date signed (Month, Qay, Year) D 31001 12/16/96 30. Name and eddress of person who compeled cause of deeth (Item 23a) (Type, Print) 7500 Green way Catr. Dr. #430 J. Ecwitz, Greenbell, Md. 20770

32. Registrar's Signature

Aulia Davidson Bandalle

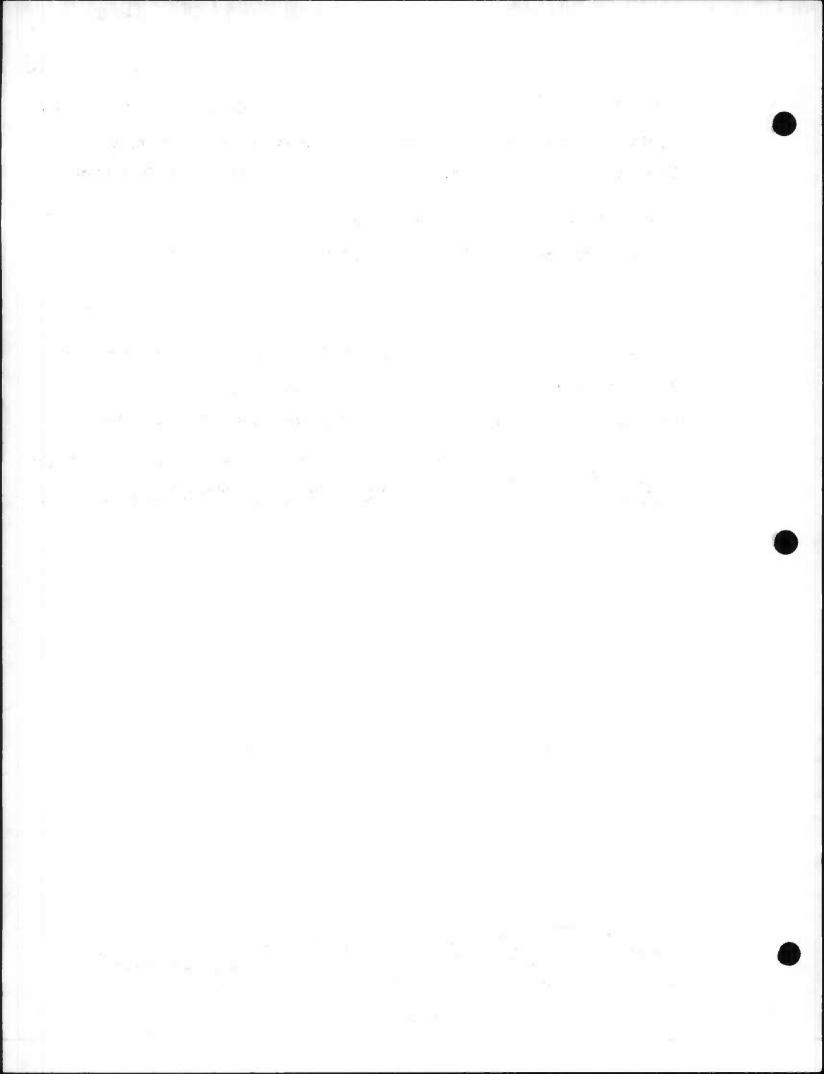
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State

Registrar

31. Date filed (Month, Day, Year

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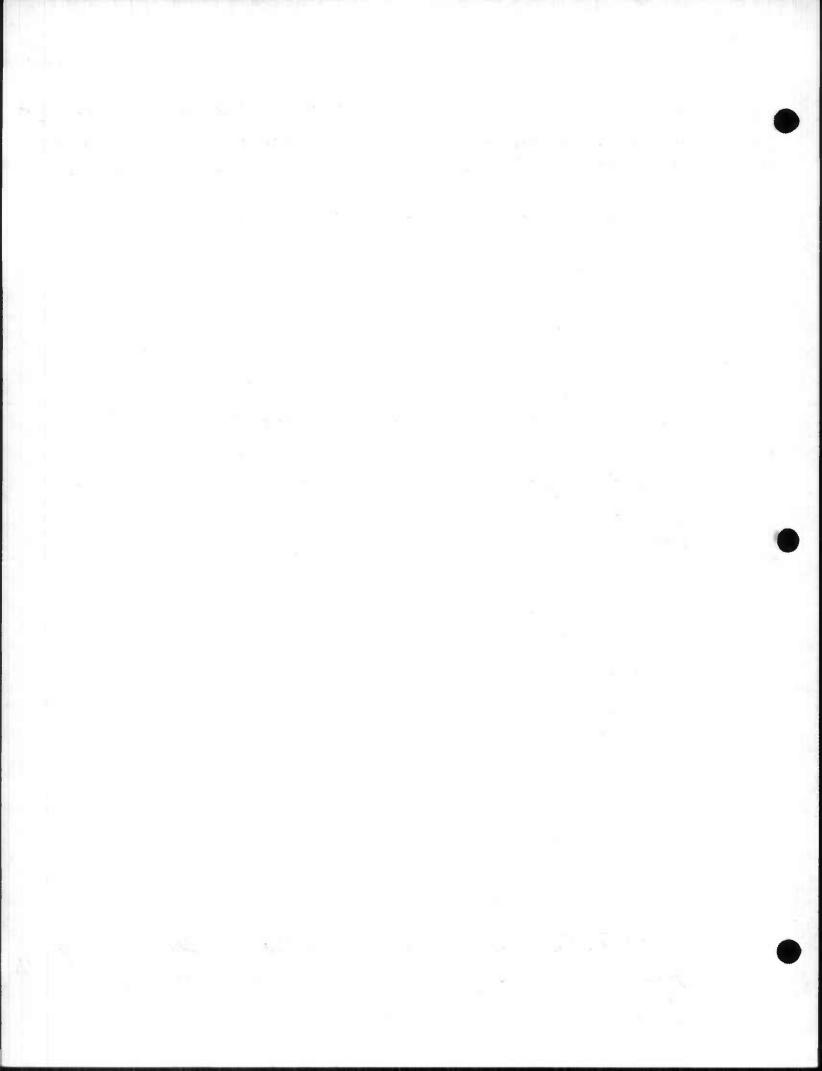


State of Maryland / Department of Health and Mental Hygiene 96 40856

Social Security Number Country C						Certific	ate of	Death		Reg. No.		40030
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Approximate Approximate	_										1	
11. Martial Status 12. Wiss Decedant Ever in U.S. 13. Wes Decedant of Hispanic Origin? (Specify Yes or No. 12 No. 1	5			eorges	Ft.							1 Yas ZUNO
Type 3 Notice of Control Type 3 Notice Specify	ai Dir					10f.		/ +		-	Whet Coun	try?
Welliam Molerney 19c. Informer's Name/Relationship (7)pa. Print) 19c. Melting Address (Streat and Number or Rurel Route Number, City or Town, Stete, Zp Code) 409 Pine Rd. Ft. Washington, Md. 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method of Disposition 20c. Method 20c. Location - City or Town, Stata 20c. Method of Disposition 20c. Method 20c. Location - City or Town, Stata 20c. Method 20c. Location - City or Town, Stata 20c. Method 20c. Location - City or Town, Stata 20c. Location - City or Town, S	b	1 Never Merrie		Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give		If Yes, s	pecify Cuba	in, Mexican, Pue	Specify Yes or No- rto Rican, etc.)	Bie	ck, White,	etc.
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Comment of Section Sec		Cliifor	d E. I	urner(husb	and)	409	Pine 1	Rd. Ft.	Washingt	on, Md.		
Affordable Funeral Services DunnLoring, Va. 23f. Pentl. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, ended. or heart fellure. List only one cause on each line. Approximate and the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate and the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate and the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate and the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate and the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate and the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Indeeth Indeet		1 ☐ Buriel 2X	Cramation 3		cemete	ry, cremetory	or other pled					wn, Stata
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Position Total Posi		25 Was case referre	d to medical								1	Tea 2LINO
27. Menner of Death 1 Neturel 2 Accident 3 Suicide 4 Homicide 4 Homicide 5 Pending Investigation 28e. Pleca of Injury - At home, ferm, streat, factory, office 28f. Location (Streat and Number or Rural Route Number, City or Town, Stete) 29e. Certifiler (Check only one) 29e. Certifier Check only one) 29e. Certifier 29e. Deta signed (Month, Day, Year)		exeminer?		Hospital:			Othe	or:			- 200-100	
1	-						DUA	4 LI Nursing	4			")
29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, and due to the ceuse(s) end manner as steted. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piace, and due to the cause(s) end manner steted. 29b. Signeture and title of certifier 29c. License number 29d. Data signed (Month, Day, Year)	lo lo	1 Neturel		(Month, Dey		njury			200. Describe i	OW INJURY COCUM	160	
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29e. Certifier (Check only one) 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the cause(s) end manner as steted. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end manner as steted. 29b. Signeture and title of certifier, 29c. License number 29d. Data signed (Month, Day, Year)	ertif	4 Homicide	detarmined	building, etc.	. (Specify)	rm, straat, rac	ory, office				er or Hura	Houte Number,
29b. Signeture and title of certifier, 29c. License number 29d. Data signed (Month, Day, Year)		(Check only 2	Certifying Ph	niner: On the basis of	examination end	, deeth occurr d/or investiget	ed et the tim	ne, date end plec pinion, deeth occ	e, and due to the curred at the time, c	euse(s) end ma dete end place,	anner as sto and due to	eted. the cause(s)
	Me	29b. Signeture and ti	tle of certifier				29c. License	number		9d. Data signe	d (Month, L	Dav. Year)
30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Temple Hill		▶ m	CODO	(P						7	. /	.001
30. Name and address of person who colmpleted cause of deeth (Item 23e) (Type, Print)		7///	Iukl	yuar	M.	2	DI	0068		Dec.	6,	1716
		30. Neme and address	s of person who	completed cause of de	eth (Item 23e) (Type, Print)				1	Te	mple Hill
	State	31. Qate filed (Month)	Dey, Year)	32. Registra	r's Stgneture							

State Registrar

Luta Savidson Randall



16a. Decedent's Usuel Occupetion

Telephone Operator

(Give kind of work done during most of working life. DO NOT use retired)

State of Maryland / Department of Health and Mental Hygiene

40857 Certificate of Death 2. Date of Deeth 3. Tima of Death Day TRUNDLE DECEMBER 21,1996 4:35 PM 4e. Facility Neme (If not institution, give street end number) 4c. County of Deeth 4b. City, Town, or Location of Deeth Laurel Regional Hospital Prince George's Laurel If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 8. Dete of Birth (Month, Dey, Year) Aug. 12,1907 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) Months 89 Washington, D.C 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☒ No Maryland Prince George's Adelphi 10f. Zip Code 10g. Citizen of Whet Country? 20783 USA 12. Wes Decedent Ever In U,S. Armed Forces? 1 □ Yes 2 현 No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. Specify: White 1 ☐ Yes 2 No Specify:

18. Molhar's Name (First, Middle, Maiden Sumeme)

Dora Brown

Funeral Director

Physician

/Medical

Examiner

1. Decedent's Neme (First, Middle, Last)

10b. County

15. Decedent's Education (Specify only highest grede completed)

College (1-4or 5+)

KATHRYN

5. Sociel Security Number

10e. Street end Number

11. Maritel Stetus

10e. Slete

Director

Funeral

Completed by

Be Jo 578-05-1082

Usuel Residence of Decedent

8503 21st Avenue

1 Never Merried 2 Married

3 ☐ Widowed 4 ☐ Divorced

Elementery/Secondary (0-12)

17. Fether's Name (First, Middle, Last)

19a. Informent's Neme/Ralationship (Type, Print)

Thomas Trundle

the Maryland 28a-f show permit. Pages 1 and 2 should be flied within 72 hours efter death with the Maryla Department of Haelith and Mental Hygiene. Important: If flem 27 is merked other than "natural", or items 23a or 28a-1 ehow any Injury or other traumatic event, it is reacted from the man be not that

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this cartificate has been signed by the attending physician and complately filled in by the tuneral director, page 2 should be deteched for use as the buniel-transit Physician/Medical Completed by Be Medical Certification: To

Division of Vital Records, P.O. Box 68760,

19a. Informent's Neme/Ralationship (Type, Print)	19b. Mailing Addre	esa (Street and Number or	Rural Route Number, City or Town	n, Stete, Zip Code)
Margaret T. Boun	dford	8503 21st	Avenue Ade	elphi, Maryland 2	0783
20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	Removel from State	Plece of Disposition (f cemetary, cremetory of	vierne of er other place)	Dete 20c. Location	- City or Town, Stete
21. Signeture of Funerel Service Licer	- Ce	dar Hill (12/24/96 Suitla	nd, Maryland
Pro & l	contra	Franc		s Funeral Home,	
23a. Peri1. Enter the disease, or com shock, or heart fellure. List only	plications that caused the deat one cause on each line.	th. Do not enter the m	niversity Bit lode of dying, such es card	vd., W., Silver Spiac or respiretory erresi,	Interval Betwee
Immediete Ceuse (Finel diseese or condition resulting in deeth)	Pn	lumo	nia		Onset end Deet 3 La
resulting in deeth)	Due to (c	or es e consequence o	of):		
	b. ————————————————————————————————————				
Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying	Due to (d	or ea e consequenca d	n():		
cause. Enter Underlying Ceusa (Disease or injury that initiated events resulting in deeth) Lest	C. Due to (o	r es e consequanca o	1):		
C	d				
Pert II. Other eignificant conditions o	ontributing to death but not res	ulting in the underlying	cause given in Pert i.	23b. Did tobacco use co	ontribute to the cause of de
				1 Yee 2 No	3 □ Probably Assunk
				24a. Wes en eutopsy performed?	24b. Were sutopsy tindic available prior to completion of cause of deeth?
				1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
25. Wes case reterred to medical axeminer?				eeth (Check only one)	
1 Yes 20 No	Hospitel: 1 Suppatient 2□	ER/Outpatient 3 :	DOA Other: 4 Nursing	Home 5 ☐ Residence 6 ☐Ot	her (Specify)
27. Mannar of Deeth 1. Naturel 5 ☐ Panding 2 ☐ Accidant investigation	28e. Deta of Injury (Month, Dey Year)	28b. Time ot Injury M	28c. Injury et Work?	28d. Describe how injury occu	
3 Suicide 6 Could not be 4 Homicide datarmined	28e. Placa of Injury - At he building, etc. (Specify	oma, tarm, street, tect	ory, offica	28t. Location (Street and Num City or Town, Stete)	ber or Rural Route Number,

State Registrar

29e, Cartifia

29b. Signeture end

30. Name end eddrass of person who EGOR 31. Dete tiled (Month, Dey, Year)

DEC 24

egistrer's Signature ia Davids

DHMH 16 Rev 6/95

Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) end mannar as stated.

| Medical Examiner: On the best of axaminetion end/or investigation, in my opinion, deeth occurred at tha time, dete and placa, and due to the cause(s) end menner steted.

16b. Kind of Business/Industry

Communications

20901 Approximete Interval Between Onset end Deeth

D24942 DEZ 22 1996 8317 Cherry lane Laurel MD 20707

se contribute to the cause of death? 3 Probably 4 Unknown

> 24b. Were eutopsy tindings avallable prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No

The state of the s a provide P on a 1 E a

State of Maryland / Department of Health and Mental Hygiene

40858

Certificate of Death 1. Decedant's Neme (First, Middle, Lest) 2. Deta of Death DECEMBER 21, **Physician** 1996 MARY THOMAS 8:00AM /Medical 4e. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 10910 OLD GEORGETOWN ROAD BETHESDA MONTGOMERY 7. Age (In yrs. lest birthday) If Under 1 Yeer If Under 24 Hrs. Months Days Hours Min. (Month, Dey, Year) 5. Sociei Security Number **Funeral** Birthplaca (Stata or Foraign Country) 1□ M 25 F 577-60-2267 88 Director NOV. 25, 1908 TENN. Usual Rasidance of Decedent 10b. County show 10s State 10c. City. Town or Location 10d. Insida City Limits the Medical Examiner must be notified at Director 1 XYes 2 No MD. MONTGOMERY ROCKVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 items 23a OLD GEORGETOWN RD. 20852 10910 U.S.A. Funeral 12. Wes Dacedent Ever in U,S. Armed Forces? Wes Decadent of Hispenic Origin? (Specity Yes or No-if Yes, specity Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. e filed within 72 hours after all Hygiena. 1 ☐ Yes 2 📉 No If Yes, Give Year or Detes: 1 □ Never Merried 2 □ Married Baitimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify by Specify 3 ☑ Widowad 4 □ Divorcad WHITTE Completed 16a. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentery/Secondery (0-12) Coilege (1-4or 5+) FED. GOV'T. SECRETARY permit. Pagas 1 and 2 should be file Department of Health and Mental Hy Important: If flem 27 is marked oths any Injury or other traumatic evant, onties. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be SMITH ROBERT PATTY 19a. Informent's Neme/Raiationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) NOLEN/DAUGHTER PARK OVERLOOK CT., BETHESDA, MD. 20817 JOANN 20b. Placa of Disposition (Neme of cemetary, cremetory or other pleca) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Othar (Specify) RIVERSIDE CEMETERY 12/27 WOODBURY, TENN. 21. Signature of Funeral Service Ligs 22. Name end Address of Fecility M00091 W. W. CHAMBERS CO., RIVERDALE, MD. 20737 23e. Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximeta Intervei Between Onsat and Death Physician /Medical Immediate Cause (Finel Pneumonia diseese or condition resulting in deeth) Examiner Dua to (or es e consequence of) Physician/Medical Examiner The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest Due to (or es e consequança of) Box 68760, Due to (or es a consequença of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Arterioselerotic Cardiovascular disease by 24b. Wera autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? Completed Alzheimers disease page 2 1 Yas 2 □ No 1 No Yas 2 No or Attending Physician: 25. Wes case rafarred to medical exeminer? 26. Piece of Daath (Check only one) Hospitel: 1 Inpatiant 2 ER/Outpetient 3 DOA Certification: To XXYes 2□ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) this 28a. Dete of Injury (Month, Dey Year) funaral 27. Manner of Deeth Aftart 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigetion 1 Netural s aftar daath. 1 Yes 2 No 2 Accidant tha 6 Could not be determined 3 Suicide Pieca of Injury - At home, ferm, streat, fectory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide 24 hours a Funerel D Hospital 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as steted.

XX Medical Examiner: On the best of axamination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the causa(s) and manner steted. Medical (Check only one) within 2 29b. Signeture and title of certifier 29c. License number 29d, Dete signed (Month, Day, Year) Donald & Wright MD O.C.M.E. DECEMBER 22, 1996 30. Nema and address of person who complated cause of deeth (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

Registrar

State

DONALD G. WRIGHT MD

32. Registrer's Signature

Silia Davidson

31. Dete filed (Month, Dey, Year) DEC 2 3 1996

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State of Maryland / Department of Health and Mental Hygiene

if Undar 1 Yaar

Days

Certificate of Death

9	6	4	0	8	5	0
			-	40	-	

Physician /Medical Examiner 1. Decadant's Nema (First, Middle, Last)

4e. Facility Nama (If not institution, giva street and number)

BEECHER THORNTON

1X M 2□F

DECEMBER 23, 1996 4b. City, Town, or Location of Deeth

Hours Min. 8. Data of Birth (Month, Day, Y

SILVER SPRING

2. Data of Daeth

3. Time of Death 3:45 P.M.

9. Birthplaca (Stata or Foraign

10d. Insida City Limits

1 Ves 2 □ No

Funeral Director

must be notified at

Herns

"natural", or item

Pages 1 and 2 should be filed within 72 ho sent of Health and Mental Hygiene. ant if them 27 is marked other than "natur ury or other traumatic event, the Medical.

Department of Important: If any injury or

Director

Funeral

by

Completed

Be

the Maryland worle

filed within 72 hours efter death

21215-0020

Baltimore, Maryland

HOLY CROSS HOSPITAL 5. Social Sacurity Number 301 10 0467 Usual Rasidanca of Decedant 10a, State

10b. County MARYLAND MONTGOMERY 10e. Street and Number

3228 CORDOBA STREET 1 Nevar Married 2 Married 3 Widowed 4 Divorced

10f. Zip Coda 20904 12. Was Decedant Evar In U,S. Armed Forcas? [□Yas 2□No TYas, Give Year or Datas: WWII

7. Aga (In yrs. last birthday)

76

Yrs.

SILVER SPRING

10c. City, Town or Location

 Wes Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, etc.) 1 ☐ Yas 2 ☐ Xio

14. Raca - Amarican Indian, Bleck. White, etc. Specify. WHITE 16b. Kind of Businass/Industry

4c. County of Deeth

10g. Citizen of What Country?

U.S..A

HERRON

MONTGOMERY

Ohio

15. Dacadant's Education (Specify only highast grada completed) Elemantary/Secondary (0-12)

Collega (1-4or 5+) 5+

16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working iife. DO NOT usa retired) ANALYST

NATIONAL SECURITY AGENCY

17. Father's Nema (First, Middle, Last)

ROBERT THORNTON 19a. Informant's Name/Ralationship (Type, Print)

19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) SAME AS 10e

ATMA

18. Mother's Nama (First, Middle, Maidan Surname)

ONNA THORNTON /SPOUSE

20s. Method of Disposition 1 ☐ Burial 2 ☐ Cremfinion 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify)

Db. Plece of Disposition (Nama of cematary, cramatory or other place) METROPOLITAN CREMATORY

20c. Location - City or Town, State DEC. 29,1996 ALEXANDRIA, VA.

21. Signature of Funeral Service Licen

22. Name end Addrass of Facility
TAKOMA FUNERAL HOME INC 254 CARROLL ST N.W.

Data

WASHINGTON, D.C. 20012 23a. Part 1. Anter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heer feilure. List only one cause on each line.

Physician Immediata Causa (Final disaasa or condition rasulting in daath)

acute renal failure

Dua to (or as a consequenca of):

aspiration pneumonia

Dua to (or es e consaquance of):

Dua to (or as e consequence of):

/Medical Examiner Examiner

use as the buriel-trar

signed by the aid be detached for

Physician/Medical

þ

Completed

Be

2

Certification:

edical

filled in by the

Hospital 24 hours

To the within 2

20

or Attending Physician: The law requires that the death certificate be executed after death.

Director: After this certificate hes been signed by the attending physician end

P.O. Box 68760,

Division of Vital Records,

Sequentially list conditions, if eny, laading to Immadiata causa. Entar Undarlying Cause (Disease or Injury that Initiated evants rasulting in death) Lest

art II. Othar signi	ficant conditions	contributing to death	but not rasulting	in the	undarlying	causa	givan	In Pa	rt I.

23b. Did tobacco use contributs to the causs of death? 1 Ses 2 No 3 Probably 4 Unknown

24a. Wes an autopsy performed?

24b. Wara autopsy findings available prior to completion of cause of death?

Approximata Interval Batwean Onsat and Deeth

1 Yas 2 No

26. Place of Deeth (Chack only one)

1 ☐ Yas 2 ☐ No

25. Was casa rafarred to medical axaminer? 1 Yes 2⊠ No

27. Mennar of Death 1 Naturel 2 Accident

3 Sulcide

4 Homicida

5 Panding Invastigation 6 Could not be determined 28a. Deta of Injury (Month, Day Year)

Hospital: 1 Inpatient 2 ER/Outpetlent 3 DOA Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 28b. Tima of 28c. Injury at Work?

1 ☐ Yes 2 ☐ No

28d. Dascribe how Injury occurred

29a, Certifian

1 Certifying Physician: To the best of my knowledga, daath occurred at tha time, data and placa, and dua to tha causa(s) and manner as stated.

2 Msdical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated.

29b. Signature and title of certifie

29c. Licensa number D24886 29d. Data signed (Month, Dey, Year) DEC. 23, 1996

Location (Street and Number or Rural Routa Number, City or Town, Stata)

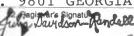
30. Nama and address of person who completed causa of deeth (Item 23e) (Type, Print)

MARK H. EIG, M.D. 9801 GEORGIA AVE., SILVER SPRING, MD.

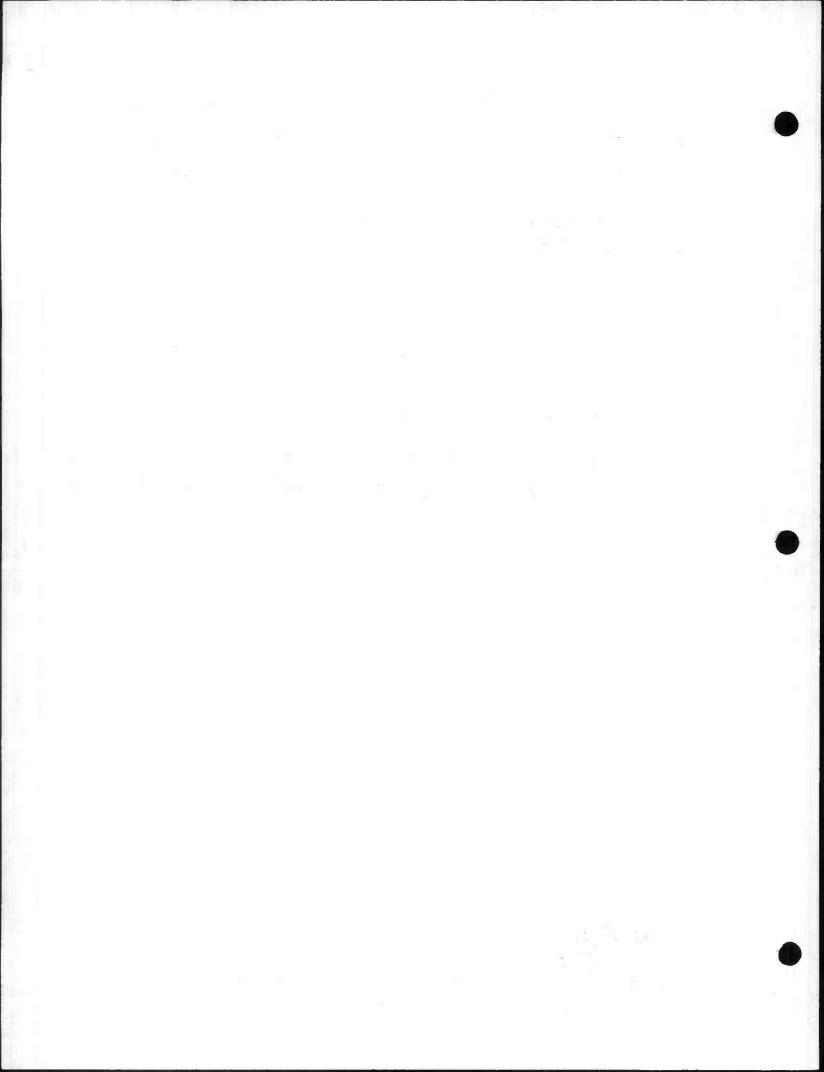
28a. Plece of Injury - At homa, farm, streat, fectory, office building, atc. (Specify)

31. Date filed (Month, Day, Year)

DEC 27 1996



State Registrar



State of Maryland / Department of Health and Mental Hygiene

40860 Certificate of Death 2. Date of Death 3. Time of Death

10905 Ft. Washington Rd. Ft. Wash., Md. 20744

Physician
/Medical
Examiner

Funeral Director

28a-f show the Medical Examiner must be notified at ŏ Herrs 23a filed within 72 hours efter 'natural', or

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

The law requires that the death certificete be executed physician and s the burief-trens P.O. Box 68760, 98 Records. page 2 should Division of Vital this the funeral After t the Hospital or Attending deeth. within 24 hours after deet To the Funeral Director:

1. Decedent's Nama (First, Middle, Lest) Month 25, 1996 December 10:58 P.M. S. Thomas John 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Ft. Washington Hospital Ft. Washington Prince George's If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Dey, 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) 1XXM 2□ F 51 Yrs. 008-38-5857 Dec.26,1944 Burlington, Vt. Usual Residence of Decedent 10a. Stata 10b County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George's 1 Yes 2 □ No Director Ft. Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1500 Old Drummer Boy Lane 20744 12. Was Decedent Ever in U.S. Armed Forces?

10 Yes 2 □ No if Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Never Married Married 1□Yes 2√No Specify: Specify: White à 3 Widowed 4 Divorced Completed 15. Dacedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) permit. Pages 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: If flam 27 is merked other than any injury or other traumatin events. Elementary/Secondary (0-12) College (1-4or 5+) Personnel Management Specialist Federal Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be William John Thomas Norma Elizabeth Hammond 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Lourdes M. Thomas/Wife same as item #10 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crametory or other place) Data 20c. Location - City or Town, State 1 N Burial 2 Cremation 3 Removal from State Resurrection Cemetery12/28/96 Clinton, Md. 21. Signature of 22. Name end Address of Facility
George P. Kalas Funeral Home las 6160 Oxon Hill Rd. Oxon Hill, Md.20745 sed the death. Do not entar the mode of dying, such as cardiec or respiratory arrest, in line. Inter the disease, or complications that or heart failure. List only one cause on Approximete Interval Between Onset and Death Immediata Cause (Final 2 weeks disease or condition resulting in death) Examiner ances unuealle Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated events resulting in daath) Lest Dua to (or as a consequence of): Physiclan/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Dfd tobacco use contributs to the cause of death? 3 □ Probably 4 ◯ Unknown 1 ☐ Yss 2 ☐ No þ 24b. Were autopsy findings aveileble prior to Completed 24e. Was an autopsy completion of ceuse of death? 1 Yes 2 No 1 ☐ Yes 2 No Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA P 1 Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be determined 3 ☐ Sulcide in by t 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Locetion (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicida XIX Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 121607 12/26 96 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Registrar

31. Data filed (Month, Dey, Year) DEC 27 1996

Thomas P. Gage, M.D.

32. Registrar's Signature Jahn Savakor Revell

. " LANCE STORY OF THE STORY OF THE

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

40862

Physician
/Medical
Examiner

RALPH EDWARD

10b. County

PRINCE GEORGES

VAUGHN

2. Dete of Death 3. Time of Death Month Dey DECEMBER 21, 1996 2:10AM

10g. Citizen of What Country?

14. Rece - American Indian,

U.S.A.

4e. Fecility Neme (If not institution, give street end number) 1456 KAREN BLVD.

5. Social Security Number

12. Wes Decedent Ever in U,S.

4b. City, Town, or Location of Deeth

13. Was Decedent of Hispenic Origin? (Specify Yes or No-

SEAT PLEASANT

4c. County of Deeth

Funeral Director

X□M 2□F 577-88-5488 Usuel Residence of Decedent

1. Decedent's Neme (First, Middle, Last)

If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 7. Age (In yrs. lest birthday) Months 36 Yrs.

SEAT PLEASANT

10f. Zip Code

20743

10c. City, Town or Location

8. Date of Birth (Month, Day, AUGETITE

PRINCE GEORGES 9. Birthplace (State or Foreign WASHINGTON D.C

10d. Inside City Limits

1X Yes 2 □ No

10a. State Director MD. 10e. Street and Number 1456 KAREN BLVD.

ms 23a or 28a-f show

21215-0020	72 hours after natural", or its	by Fu	1 Never Merried 2 Married 3 Widowed 4 Divorced	Yes 2 No If Yes, Give Yeer or Detes:				Specify:	to Hican, etc.	Speci	fy: BLAC	K
15-(C	Completed	15. Decedent's E (Specify only highest gra	ducation		16e. Decedent's Us (Give kind of	vork don	e during most of wo	rking	16b. Kind of E	Business/Indust	у
212	the sh	omp	Elementery/Secondery (0-12)	Coilege (1-4or 5+		JAREHOUS				WAREH	VIIZE	
		Bec	17. Fether's Neme (First, Middle, Last)		VAILETTVO	, L. W		me (First, Mic	Idle, Meiden Sume		
Maryland	should be nd Mental marked o	To	SETH VAUGHN JR	•						ZGERALD	-	
Mar	12 shown and 18 miles		19a. Informent's Neme/Reletionship (et end Number or R				
	Healt Healt		DENISE VAUGHN 20e. Method of Disposition	WIFE	20b. Pled	L456 K		N BLVD.	Dete	т	- City or Town.	
Baltimore,	80= 5		1 Burial 2 Cremetion 3 4 Donetion 5 Other (Specif	Removel from State	cerr	NTICO NA	r other pi		75-5P		ICO - VA	
Bal	permit. Pe Departmen Important: any injury		21. Signeture of Funeral Service Licer	nsee Dell				PATRICK		FUNERAL ALEX., V		4
-	Physician Medical		23e. Part 1. Enter the disease, or com shock, or heert feiture. List only	plicetions thet ceused to one ceuse on each line	the death. e.	Do not enter the ma	ode of dy	ring, such es cardia	or respiretor	y errest,	Inte	proximete erval Between set and Death
1	/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in death)	e. COCAINE A	ND NAR	COTIC INTOX	ICATI	ON				
	Star L	Je.		D	Due to (or e	s e consequence o	f):					
0,	cate be executed physician end s the bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b	Due to (or e	s e consequence of):		1 × 1 × 1 × 1 × 1			
x 68760,	death certificate be executed e ettending physician end of for use as the bunial-transit	Physician/Medical	Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest	c	ue to (or e	s e consequence of):					
Box	death certification of the use as t	ician	Port il Other elanificant conditions o	ortelle sting to double bust								
s, P.O.	the the	by Phys	Pert II. Other significant conditions of	ontributing to death but	not resultii	ng in the underlying	ceuse g	iven in Pert I.		☐ Yes 2☐ No	3 Probabl	11
Vital Records,	law requires thet as been signed b	Completed b							24e. W	/es en eutopsy erformed?	avelleb	outopsy findings le prior to tion of cause h?
E B	0 - 0	E O							1	Yes 2 No	15/10	s 2 No
/ita	Physician: The this certificate ral director, page	Be	25. Wes case referred to medical examiner?					26. Plece of Dea	ath (Check on	ly one)		
of	Physic this c	2	XIX Yes 2 No			VOutpatient 3 0	JOA			esidence 6 Oth		
Division	After fune	ertification:	27. Menner of Deeth 1 Netural 5 Pending investigetion	. OUND ILIZI		Time of OUND 1:15 A M	28c. Inje We 1	uryat ork? ∐Yes 2XXNo	UNKNOI	be how injury occur	rred	
Divi	25-5	O	3 Suicide 4 Homicide 6XXCould not be determined	28e. Plece of Injury building, etc.	y - At home (Specify)	AT RESIDEN			City or	n (Street end Numb Town, Stete) 145 , MARYLAND	6 KAREN E	ute Number, JLVD.
	To the Hospital of within 24 hours of To the Funeral D completely filled I	edical	29e. Certifier (Check only one)	ysician: To the best of ainar: On the basis of e end menner stete	xaminetion	dge, deeth occurre n end/or investigetion	d et the t	ime, dete end piece	end due to t	he ceuse(s) and m	enner as stated	cause(s)
	To the To the Company	Σ	29b. Signeture end title of certifier	200		2:	9c. Licen	se number		29d. Date signe	d (Month, Dey,	Year)
			Theoder	U. King	rus		O.C	.M.E.		DECEMBE	ER 21,	1996
			30. Name and address of person who	_			eet	, Baltin	nore,	Marylar	nd 212	01
	Sta	te	31. Dete filed (Month, Day, Year)	1,32. Registre						-		
	Registr	ar	DEC 3 0 1996 8	WA AVENUE OF A	De Marie							

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene P.G.C. 1/3/97 CR Certificate of Death 1. Decedent's Name (First, Middle, Lasi 2. Date of Death **Physician** Month VADNAIS, Jr. HENRY DECEMBER 26, 96 ocation of Death 4c. County of Death 2: 45 PM /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Daath Examiner Prince Georges Hospital Cheverly Prince Georges 5. Social Sacurity Number 7. Age (In yrs. last birthday) If Undar 1 Year Months Days If Under 24 Hrs. 6 Say Birthplaca (State or Foreign Country) Funera! 8. Data of Birth (Month, Day, Year) 10M 2□ F Days Hours Yrs. Director 047-22-5349 67 Dec 13,1929 CT Usual Residence of Decedent the Maryland 10a State 10h County 10c. City, Town or Location show 10d. Inside City Limits r than "natural", or items 23a or 28a-f shov the Medical Examiner must be notified at Director Mes 2□No Prince Georges Hyattsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6801 Greenvale Parkway 20784 USA 12. Was Decedent Evar in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Ricen, atc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status Amed Porces:
1 Dyas 2 No Korean
If Yes, Give War
Year or Datas: WWII filed within 72 hours efter 21215-0020 1 Yes 2√ No Specify: py Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 Cu rator U.S. Navy permit. Pages 1 and 2 should be filed Department of Health and Mental Hygi Important: If Item 27 Is marked other any Injury or other traumatic event. Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be Henry Alvin Vadnais Sr. Bertha Pigeon 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pauline Vadnais - Wife 6801 Greenvale Pkwy Hyattsville, MD 20784 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Surial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Gate of Heaven Cem. 12/30/96 Silver Spring, MD 21. Signatury of Funeral Service Licenses 22. Name and Address of Facility Rendon/Hale Funeral Home 23a. P. nt. Enter the dise of complications that ceused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failur. List only one cause on each lina. Lanham, MD 20706 Approximata Interval Between Onset and Death **Physician** Immediate Cause (Final diseasa or condition resulting in death) **Examiner** Examiner Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last Box 68760. 2 Physician/Medical Due to (or as a consequence of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? 1 Yes 2 DNo 1 ☐ Yas 2 ☐ No Vital Be 25. Was cese referred to medical 26. Piece of Death (Check only one) Hospital: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yes 2 DNo to 200 Dete of Injury (Month, Dey Year) 27. Manner of Deeth Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? Division Atter Attending 5 Pending investigation 1 Netural death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide ъ o the He within 24 hours of the Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) se of death (Item 23a) (Type, Print) 30. Name and address of person Prince George's Hospital CAR 3011

32. Registrar's Signatura

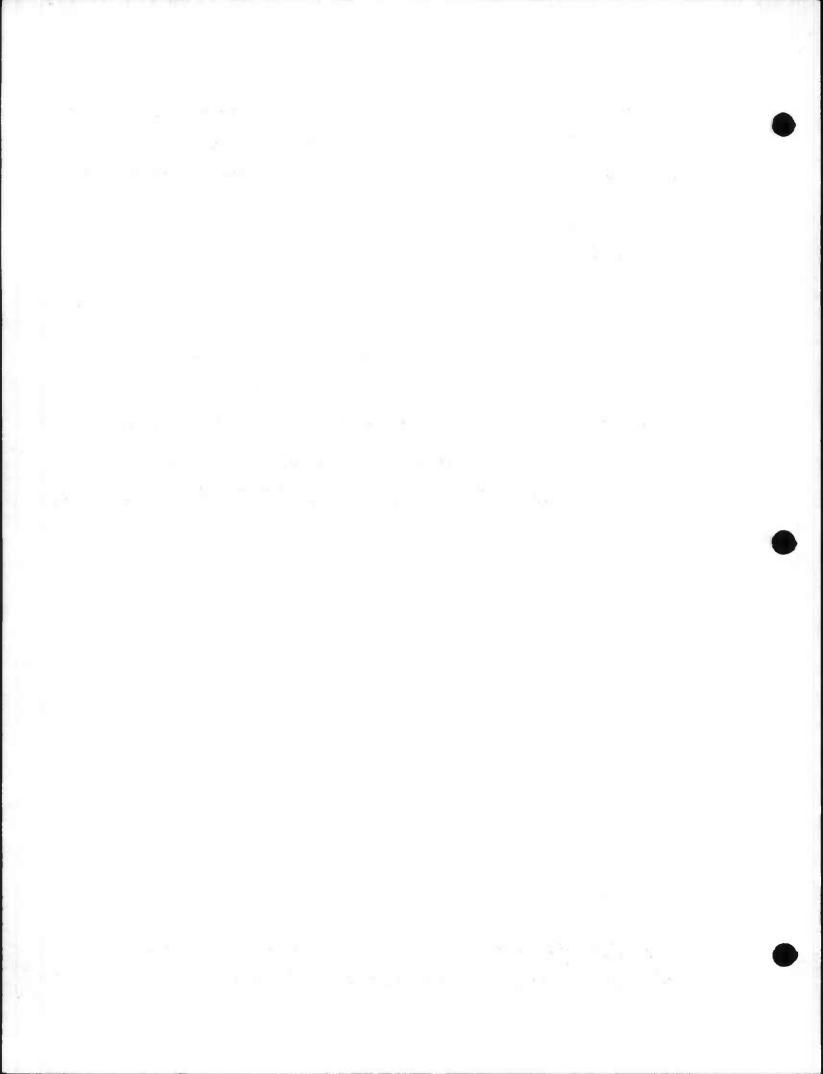
State Registrar 31. Date filed (Month, Day, Year)

you have seed to the seed of t

State of Maryland / Department of Health and Mental Hygiene

40864 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** MARY VAMOS DECEMBER 24, 1996 5:05 PM /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 13001 Blue Valley Place Silver Spring Montgomery If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number If Under 1 Year 9. Birthplece (State or Foreign Country) 1915 West Mifflin, PA 7. Age (In vrs. last birthday) **Funeral** 1□M 20XF Months Yrs. Director 167-05-0086 81 Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner, must be nothed at 1 ☐ Yes 2 No Director MD Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 20904 13001 Blue Valley Place USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - Amarican Indian. Bieck, White, etc. 72 hours after 1 ☐ Yes 2 🗓 No If Yes, Give 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: 2 3 ☐ Widowed 4 ☐ Divorced White Yeer or Detes: Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) permit. Pagas 1 and 2 should be filed will Department of Haalth and Mental Hygieru Important: If ham 27 is marked other tha any Injury or other traumatic awarn the 12 Borough Secretary Local Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Be Mary B. Sabol Michael Gustashaw 2 19e. Informent's Neme/Reletionship (Type: Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) John S. Vamos 13001 Blue Valley Place, Silver Spring, MD 20904 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stata 1 Burial 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitan Crematory 12/27/96 Alexandria, VA 21. Signature of Funeral Service Licens 22. Neme end Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blvd. W., Silver Spg., MD 20901 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart teilure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical immediete Cause (Finai adenocarcinoma T3N2/esion disease or condition resulting In deeth) Examiner physician and the burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es a consequence of): P.O. Box 68760. The law requires that the death certificate be Physician/Medical Due to (or es e consequence of): 88 attending i Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the causs of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Diabetes mellitus Records, þ 8 24b. Were autopsy findings evailable prior to completion of cause of death? Hypertension Completed 24a. Was an autopsy **D990** page 2 s 1□ Yes 2 No cartificata 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attanding Physician: 24 hours after death. director. Be 25. Wes case reterred to medical 28. Place of Deeth (Check only one) Other: 4 Nursing Home St Residence 6 Other (Specify) 2 1 Yes 25 No 1 Inpatient 2 ER/Outpetient 3 DOA this lunaral 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred Medical Certification: 28c. Injury et Work? Aftar 1/5 Naturel 5 Pending Investigation 1 Yes 2 No 2 Accident Director: / 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, tectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours aft To the Funeral Di completaly filled in 29e. Cartifier Certifying Physician: To the best of my knowledge, deeth occurred at tha time, dete end piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Pey, Year) 032923 30. Name and address of person 2415 Mushove Rd #205 Silver Spring, MI of deeth (Item 23e) (Type, Print) 31. Dete filed (Month, Dey, Year) 82. Registrar's Signeture State Registrar



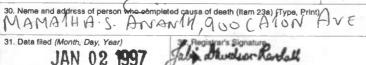
State of Maryland / Department of Health and Mental Hygiene

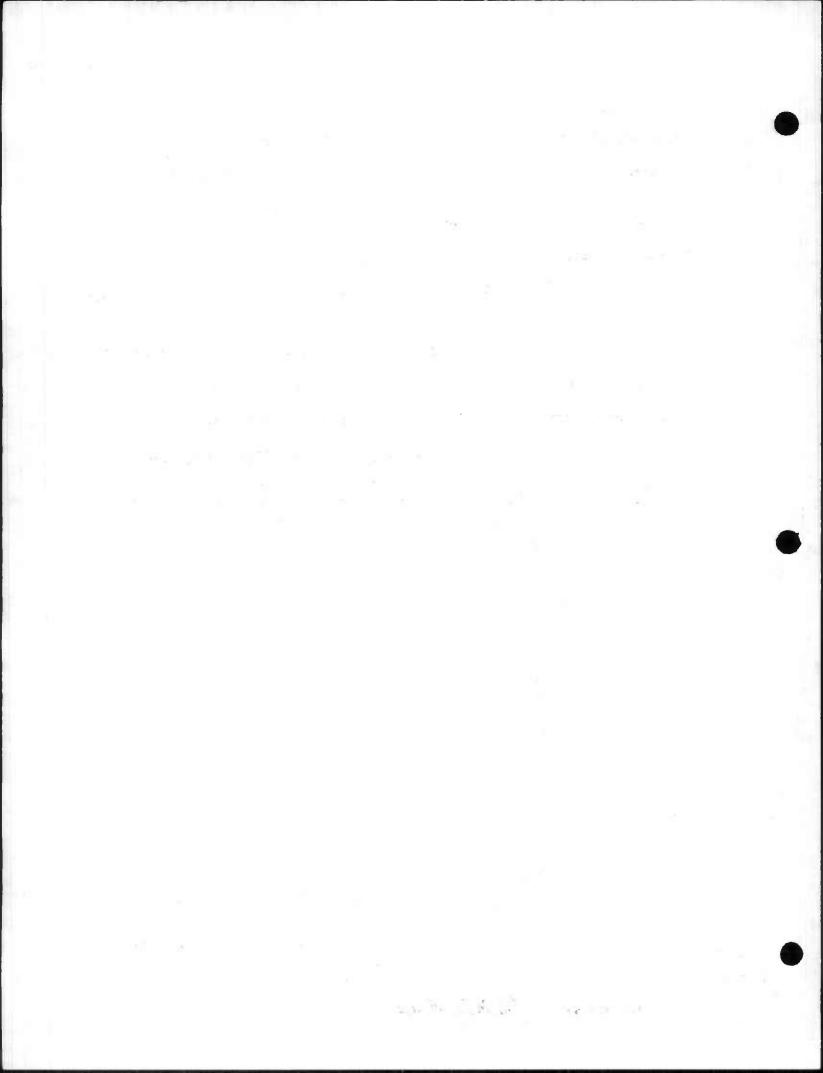
BALLIMORE MD 21229

			Cert	ificate of	Death	R	eg. No.	30	40000	
Physician /Medicai			IEBS1E	R		2. Date of Deat	h Day	Yaar 996	3. Tima of Death	
Examiner	4	nive streat and number)			4b. City, Town, or Local BALTIMORE	cation of Death	4c. County	of Death		
Funeral Director	5. Social Sacurity Number 212-46-2983	Sax 7. Age (In yrs	. last birthday) Yrs.	If Undar 1 Yaa Months Days	r If Under 24 Hrs. B Hours Min.	8. Date of Birth (Month, Day, JUNE 4,		9. Birthplac Country VIRGI	ca (State or Foreign NIA	
pus a	Usual Rasidance of Dacadant 10a. State 10b. County	10c C	ity, Town or Loca	ation				40-	Literature Otto I I I I I I	
with the Maryland a or 28a-f show be notified at	1.00.000.00			Morr				100	I. Insida City Limits 11 Yas 2 □ No	
28a-f	MARYLAND 10e. Street and Number	BAI	LTIMORE	404 7'- O-40			0- 0- 11		**	
N N N	2525 HALLAN COUNT	7		10f. Zip Coda		1	0g. Citizan of 1	what Country	74	
ma 23a	2525 HALLAM COURS	12. Was Dacedant Ever in U	1 12 W	2124	4 Hispanic Origin? (Spa	aifu Van as Na	USA 14 Bas	a American	Indian	
ar, or its Example by Ful	3 ☐ Widowad 4 ☐ Divorced	Armed Forcas?	H Y	Yas 2 No	ban, Maxicen, Puerto F	Rican, atc.)		ce - Americen ck, White, etc y: BLAC	3.	
natural.	15. Decedent's	Education	16a. Deceda	nt's Usuel Occu	upation	T	16b. Kind of B	usinass/indu	stry	
than the month	(Specify only highest g Elementary/Secondery (0-12) 7	Collaga (1-4or 5+)		NOT usa ratin	a duning most of workingd) WORKER		MASONAR	RY RECO	ONSTRUCTION OF THE PROPERTY OF	
od other		st)			18. Mothar's Nama	(First, Middle, A	Aaidan Surnen	ne)		
marked other marked other matic event, II	EDWIN L. WEBSTER				DOROTHY	COLEMAN				
f Health and Men tem 27 is marke other treumatic	19e. Informant's Name/Ralationship		19b. Mailing	Addrass (Stree	et and Number or Rura	Route Number	City or Town,	Stete, Zip C	oda)	
om 27 ther tr	PAULA WEBSTER-WII	TE .	2525 1	HALLAM	COURT, BALT.	IMORE, MI	D 21244	!		
T T T T T T T T T T T T T T T T T T T	20a. Mathod of Disposition 1 → Burial 2 □ Cramation 3		Place of Disposit cematary, crama		ace) DE		20c. Location -	- City or Town, Stata		
ant: I	4 Donation 5 Other (Space	TTOMAN	N, VA							
Important: If Item 27 any Injury or other tr	21. Signature of Funaral Sarvice Lic	wady	BE	RRY O. O. BOX	WADDY FUNE	ERAL HOM		103		
nysician	23a. Part1. Entar tha disaase, or co shock, or haart fellure. List on	mplications that ceused the dea y one cause on each line.	th. Do not antar	the mode of dy				A	pproximata tarval Between ensat and Death	
/Medicai	Immediate Causa (Final disaese or condition	5	EPSIS					1	+ DAYC	
aminer	resulting in death)		or as e conseque						1 013 13	
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ing physician and e as the bunal-transit	that Initiated evants rasulting In death) Last	0.	or as a consequa							
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d by the attend etached for us Physician/								1		
by the a lached f	Part II. Other significant conditions	contributing to death but not ras	ulting in the unde	arlying ceusa g	ivan in Part I.	23b. Did to	bacco uae co	ntribute to th	ne cause of death?	
igned by be detac by Ph						1 □ Ye	8 2□ No	3 Probat	oly 4 Unknown	
2 should						24a. Was ar perform		availe	autopsy findings abla prior to eletion of ceuse eth?	
paga paga						1 ☐ Ya	s 20 No	1 🗆 Y	'as 2□ No	
# 6 a	25. Wes casa rafarred to medicel examinar?				26. Placa of Death	(Check only on	a)			
S D	1 Yas 2 No	Hospital: 1 1 Inpatiant 2	ER/Outpetient	3□ DOA Ot	har: 4 Nursing Hom	a 5 Rasida	nce 6 Oth	ar (Specify)		
After	27. Manney of Deeth 1 Neturel 5 Pending 2 Accidant invastigation 3 Suicida 6 Could not		28b. Tima of injury	M 1	ork?] Yas 2 □ No	8d. Dascribe ho	w Injury occuri	red		
el Director: led in by the	3 ☐ Suicida 6 ☐ Could not datarmine		oma, farm, street	t, factory, office	21	Bf. Location (Str City or Town	reet and Numb , State)	er or Rural R	outa Number,	
within 24 hours after To the Funeral Director completely filled in b	29a. Cartifiar 1 Certifying P (Check only one) 2 Medical Exa	hyalcian: To tha best of my kno miner: On tha basis of axamine and mannar stated.	wledga, daath o	ccurred at the ti	ima, data and place, ar opinion, deeth occurred	nd dua to tha ce d at the tima, de	usa(s) and ma ite and place,	annar as state and dua to th	e ceusa(s)	
within To the comple	29b. Signatura and title of certifiar	A H Day	10:1-	29c. Lican	sa number	29	d. Date signa	d (Month, De	y, Year)	
F	Mamatha:	i. Ananthy Pay	1 residem	Po	8417		12-2	20-9	6	

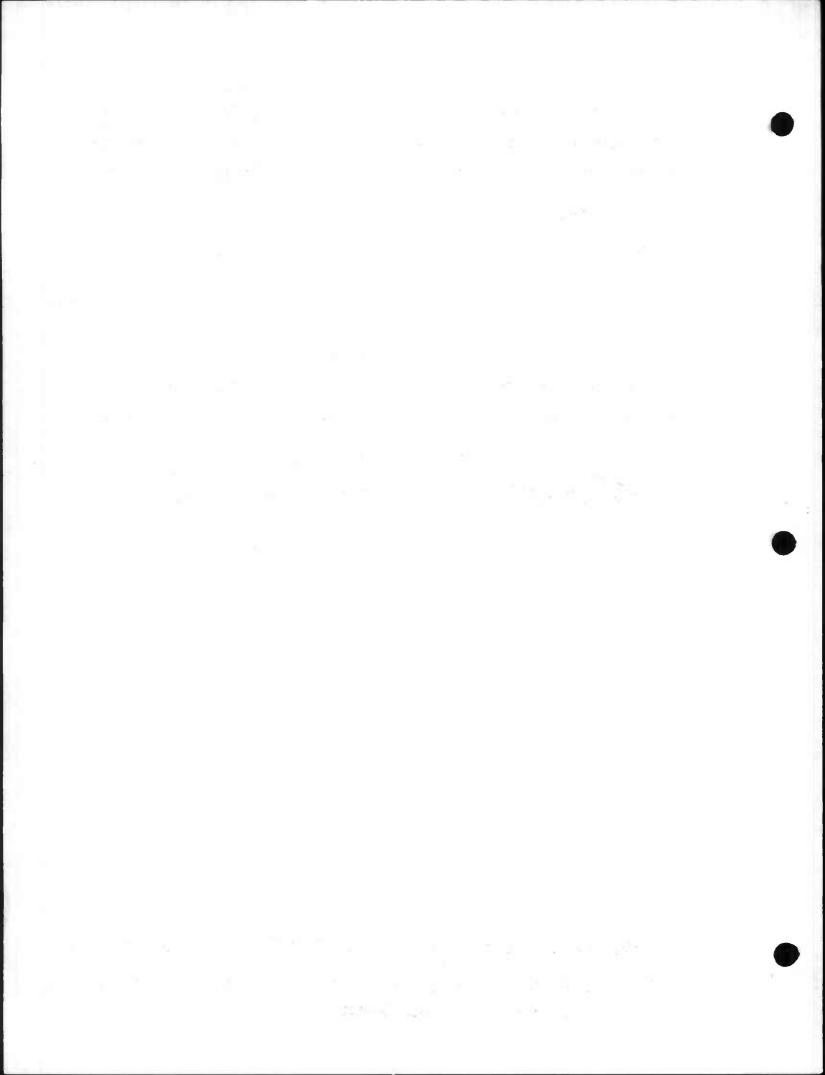
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31. Data filed (Month, Day, Year) JAN 02 1997





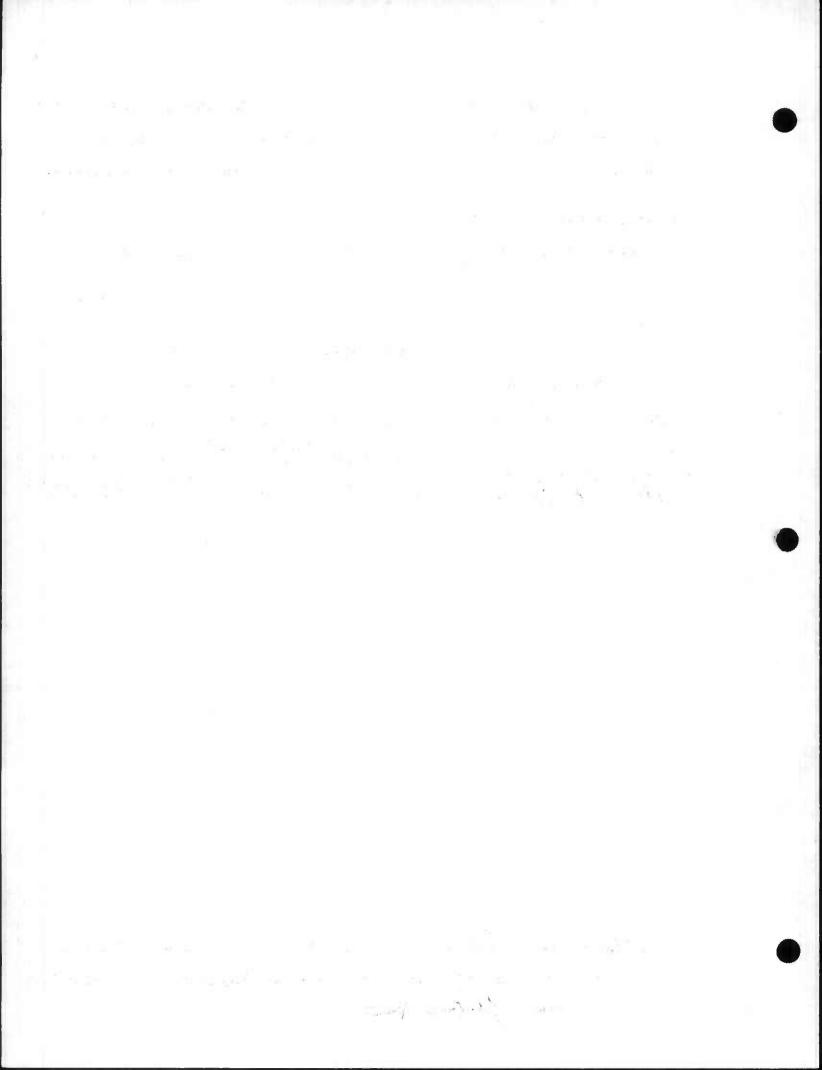
					State of M	aryland		partment of ertificate of		Mental Hy		16 4(1866
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	/Medie		Robert 4a. Facility Neme (If not instit					VVI		Location of Deal		1996	1744
	Examir	ier	PENINSULA R				קקדו		SALIS		1.7 T	COMTCO	
	Funeral Director		5. Sociel Security Number 212-78-3442	6. 5		ge (In yrs. Ia		y) If Under 1 Yea Months Deys	r If Under 24 Hr	s. 8. Dete of Bi	rth ay, Year) er 19,1	9. Birthplece ((State or Foreign
	and w		Usuel Residence of Deceden 10a. Stete 10b. Cou			10c. City,	Town or	Location				10d. In	side City Limits
	Mary a-f sho	tor	Md. Wi	comi	ico		S	alisbur	У				OXYes 2□No
	or 28	Director	10e. Street and Number					10f. Zlp Code			10g. Citizen of V	What Country?	
	23e	rail	P. O. Box	2358					1801			.S.A.	
020	i within 72 hours after death with the Maryland liene. I than "natural", or flerna 23a or 28a-f show the Madreal Examiner must be notified at	by Funeral	11. Maritel Stetus 1 ☑ Never Merried 2 ☐ I 3 ☐ Widowed 4 ☐ Divor		12. Wes Decedent Armed Forcas 1 Yea 2 If Yes, Give Yeer or Detes:	?	. 13	8. Wes Decedent of If Yes, specify Cu		Specity Yea or No into Rican, etc.)	Specify	e - American Indok, White, etc.	ite
Maryland 21215-0020	c • 6	Completed	15. Dece (Specify only hi Elementery/Secondery (0-1	hest gra		5+)	(Gir life	edent's Usuel Occive kind of work don NOT use retir	e during most of w ed)	orking	16b. Kind of 8	usiness/Industry	
d 2	H to	ပိ	17. Fether's Neme (First, Mid	fle. Last)		14	ever wo		eme (First, Middle	. Meiden Sumen	ne)	
lan	D = 0 0	To Be	Charles			on					ence Du	,	
Mary	0 - 2 -		19e. Informent's Neme/Relate Florence W			er		iling Address <i>(Stree</i>)
Baltimore,	Se F P		20e. Method of Disposition 1 ☐ Burial 2 【Cremeti 4 ☐ Donetion 5 ☐ Othe			cer	ne <i>tery, ci</i>	positi <i>on (Neme of</i> eme <i>tory</i> or other pi erris &		Dete /27/96		City or Town, S hester	
Balti	permit. Pa Departmer Important: any injury once.		21. Signature of Funda Sen	ico Ligeer	Sel			22. Name end Add ee Fune		259 E e Elkto	E. Main	St., 21921	
	Physician [*]		23a. Pert1. Enter the disees shock, or heart fellure.									Appr Inter Onse	roximete val Between et and Death
	/Medicai Examiner		Immediate Cause (Fine) disease or condition resulting in deeth)		aspi	rat	101	n of	foo	od		mi	nutes
c 68760,	that the death certificate be executed ed by the attending physician and deteched for use as the burial-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	{	cereb guad	Due to (or a	as a cons	equence of): S W equence of): Q	nd or	al-mo cunc-	tor tion	Por	and the sait at
Box	death certif e attending id for use a	Physician/M			d								
P.O. I	the dearly the a	ysic	Pert II. Other significant con-	litions o	ontributing to death t	out not resuit	ing in the	underlying cause g	iven in Pert I.	23b. Did	1obecco use co	ntribute to the	cause of death?
	ires that the signed by ld be detected	by Ph								- 10	Yes 2 No	3 Probably	4 ☐ Unknown
Records,	aw requisite been 2 shou	Completed I								24a. Wes	s an autopsy ormed?	avellable	ion of cause
E B	The ate h	Con								10	Yes 2 No	1 🗆 Yes	2000
Vital	Physician: The this certificate ral director, pag	Be	25. Was case referred to med exeminer?	icai	11					eeth (Check only	one)		
of	Physic this c	7	1 Yes 25 No		Hospitel: 1 Inpati		R/Outpati	ent 3LALDOA		Home 5□Res			
uo	After After funer	tion	27. Menner of Death 1 SNatural 5 □ Pe	nding estigetion	28a. Dete of Inju	y Year)	28b. Time Injury	W	uryat ork? ⊒Yes 2⊒No	72	how Injury occur	red	
Division	Attender deat octor:	Certification:	3 Suicide 6 □ Co	id not be armined		jury - At hom c. (Specify)	ne, ferm, s	streat, fectory, office		28f. Location	(Street and Numb	er or Rural Rou	te Number,
	apita nours neral	edicai C	29a, Certifier (Check only one)	lying Ph cal Exan	yelcian: To the bast niner: On the basis of and menner si								
	To the Ho within 24 I To the Fu completely	Me	29b. Signeture and title of car	ifier				29c. Lice	nse number		29d. Dete signe	d (Month, Day,	Year)
			Many	n	· Tust	ru.V	$u_1 I$), D	229	77	12-	23-	96
	1		30. Name and address of personal Pion Box	on who	completed cause of	deeth (flem 2	23e) (Type		- Sal	sbun	, MI	0 2/2	802
	Sta Registr		31. Dete filed (Month, Day, You DEC	2 7	1996 32. Regist	s Signatu	vidson	- Andree					



State of Maryland / Department of Health and Mental Hygiene 96 40867

-						Certif	icate of	Death		Reg. No.	- 0			
	Db.		1. Decedent's Neme (First, Middle, La	ist)						2. Date of Death Month Day Year 3. Time of D				
	Physic /Medi		Bozena Jor	dan Weissk	opf					ber 22,		6:30 AM		
	Exami		4a. Facility Name (If not institution, give	re street end number)				4b. City, Town, o	r Location of Dea	-	inty of Deeth	1 50		
			4977 Battery I	ane #312				Bethes	da	Mon	ntgome	ry		
	Funeral Director			Sex 7. Age 1 □ M 2 ŽLF	(In yrs. last bit		Under 1 Yea		n (Month, I	irth Dey, Year) 18, 1900	9. Birthp Cour Czec	plece (State or Foreign ntry) Choslovakia		
	farylend show	٥	Usuel Residence of Decedent 10a. State 10b. County		10c. City, Tow						1	10d. Inside City Limits 1 □ Yes 2 No		
	28a	Director	Maryland Montgon	lery	Вет	hesda	I. Of. Zip Code			10- Chi	-4 Mar-1 Cour			
	ath with	rai Dir	4977 Battery Lar	ne #312			208			United	of What Cour d State			
020	d within 72 hours effer death with the Maryland plene. I than "natural", or items 23s or 28s-f show the Modical Exeminer must be northed at the Modical Exeminer must be northed at	by Funeral	11. Maritel Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☒ N if Yes, Give Year or Dates:			Decedent of s, specify Cul Yes 2 X No	Hispenic Origin? ben, Mexican, Pu Specify:	(Specify Yes or N arto Rican, etc.)		Raca - Americ Black, White, ecity:	can Indian, etc. Vhite		
2-0	72 ho	et e	15. Decedent's E (Specify only highest gre		16a.	Decedent'	s Usual Occu	upation a during most of w	ndkina	16b. Kind o	f Business/In	dustry		
21215-0020	should be filed within and Mentel Hygiene. marked other than " numatic event, the Mes	Completed	Elementary/Secondary (0-12)	College (1-4or 5-		life. DO f	VOT use retir	ed)	orking	Educa	tion			
0	Hygi ther if,	Ü	17. Father's Name (First, Middle, Last		10	deller	-/ 1110.		ame (First, Middl					
Maryland	fental ked o	To Be	Antonin J	-					a Rozehn		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ary	should be mark	-	19a. Informant's Name/Relationship (Type, Pnint)	196	. Mailing A	ddress (Stree	et end Number or	Rurel Route Num	ber, City or To	wn, State, Zip	Code)		
Σ :	alth 27 th		Rudolf J. Weissk	copf/Son	49	81 Ba	attery	Lane, B	ethesda,	Maryla	and 20	0814		
altimore,	permit. Pages 1 and 2 should be filed. Department of Health and Mental tyg. Important: If 18m 27 is marked other any injury or other traumatic event, ance.		20a. Method of Disposition 1 □ Burlai 2 XX Cremation 3 □ 4 □ Donation 5 □ Other (Specif			ry, cremeto	ry or other pl	December			on - City or To			
Balti	Departir Departir Importa any inju		4 Donation 5 Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland 21. Signature of Funeral Strong Contents M00846 M00846 Montgomery Crematorium, Inc. Bethesda, Maryland 22. Name and Address of Facility Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501											
F	Physiclan		Parts. Enter the disease, or com shock, or heart failure. List only	plications hat caused one cause in each line	the death. Do							Approximete Interval Between Onset end Death		
	/Medical		Immediate Cause (Final disease or condition	Pneumo	nia							24 Hours		
ľ	Examiner		resulting in death)	a.	Due to (or as a	consequen	ce of):					2, 110020		
	be is	nine		b										
, O	e executivan and aniel-tran	I Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.											
0	eath certificate be executed effending physician and for use as the bunist-transit	n/Medical	2											
Ď	d for	Icla	Part It. Other significant conditions of	ontributing to death but	t not resulting in	the under	lylaa aaysa a	ivon in Bort i	22h Die	I tobacco uso	a antidhuta ta	the cause of death?		
P.O.	requires that the death ce been signed by the ettendi hould be detached for use	by Physician	Tank. Other arginiouni conditions of	lying cause g	IVOIT III FOIL I.		**		bably 4 Unknown					
Records,	2 S W	Completed t								s an autopsy formed?	ava	ere autopsy findings aliable prior to mpletion of cause death?		
	Dag ate	5							1□	Yes 2 N	10	☐ Yes 2☑ No		
Ita	rnysicten: In this certificate ral director, par	Be	25. Was case referred to medical examiner?					26. Place of D	eeth (Check only	one)				
-	S 00 00	P	1[XYes 2□ No	Hospital: 1 ☐ Inpatien	t 2 ER/Ou	tpatient 3	DOA O	ther: 4 Nursing	Home 5 ₽ Res	sidence 6 🗆	Other (Specify	у)		
Division of Vital	Affer fune	ertification:	27. Manner of Deeth 1 □XNatural 5 □ Pending 2 □ Accident investigation	28a. Date of Injury (Month, Dey		rime of njury	28c. Inju Wo 1	ury at ork?] Yes 2 □ No	28d. Describe	how Injury oc	curred			
Divis	2 E E C	ertific	3 Suicide 6 Could not be determined	28e. Placa of Injurbuilding, etc.	ry - At home, fa (Specify)	rm, street, f	factory, office			(Street and Nu own, State)	m <i>ber</i> or Rura	al Route Number,		
Lossies	vithin 24 hours effer deat To the Funeral Director: completely filled in by the	edical C	29a. Certifier (Check only one) 1 Certifying Ph 2 Medical Exam	ysician: To the best of niner: On the basis of a and manner state	examination and	, death occ d/or investig	urred at the t gation, in my	ime, date and pia opinion, deeth oo	ca, and due to the curred at the time	cause(s) and , date and plac	manner as si ca, and due to	lated. the cause(s)		
-	To the	2	29b. Signature and title of cartifier	w 1.	0.		29c. Licen	se number		29d. Date sig	ned (Month,	Day, Year)		
) Durk	1. Lyll	Hills			771		Decemb	er 23,	, 1996		
1	20		30. Name and address of person who a David G. Luthring				•	nue #1240.	Chevy Ch	nase. Mar	cvland (20815-4404		
	Sta Registr	- 2.4	31. Date filed (Month, Day, Yeer) DEC 2 4 19	32. Registrar				" 2210)			- 1			
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Agnes Green Wilson 1996 December 8:00 AM /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death Examiner Montgomery General Hospital Olney Montgomery If Undar 1 Yaar | If Undar 24 Hrs. Months Days Hours Min. 8. Data of Birth (Month, Day, Year Aug. 26, 1 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Days 1□ M 2以 F 577-05-7119 Vrs 93 1903 Virginia Director Usual Rasidanca of Dacadant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic event, tra Madical Examiner must be notified at Director 1 Yas 2 No Montgomery Rockville 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 Herns 23a 4933 Melinda Court 20853 USA Funeral 12. Was Dacadant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amarican Indian, Pages 1 and 2 should be filed within 72 hours after naid of Health and Mental Hygiene. Int If Item 27 is marked other than "natural", or the ray or other traumatic event, the Manual Engineer. Black, Whita, atc. 1 ☐ Nevar Marriad 2 ☐ Married I □ Yas 2,□XNo f Yas, Giva Yaar or Datas: 1 ☐ Yas 2 XNo þ Specify: 3 X Widowed 4 ☐ Divorced White Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12 Secretary Insurance 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Charles Montgomery Green India M. Marshall 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Robert D. Brown, Jr. 4932 Melinda Court, Rockville, MD 20853 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20c. Locetion - City or Town, Stata 1 X Burial 2 Cramation 3 Ramoval from Stata Department of Important: If Cedar Hill Cemetery 12/27/96 Suitland, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Licensee 22. Nama and Addrass of Facility
Francis J. Collins Funeral Home, Inc. 500 University Blvd. W., Silver Spg., MD 20901 23a. Part Entar tha disaasa, or complications that cause the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock or heart failure. List only one cause on a cause of the Approximata Intarval Batwaan Onsat end Death **Physician** ROMBOSIS /Medical Immediata Causa (Final WK disaasa or condition rasulting in daath) Examiner ERIOSELEROYS Examine Sequentially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Diseasa or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of) Physician/Medical The law requires that the death Part II. Other eignificant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? ROKES 1 Yes 2 No 3 Probably 4 Unknown à Completed 24b. Wara autopsy findings availabla prior to complation of ceuse of daath? 24a. Was an autopsy **DB08** 2 certificate 1 ☐ Yas 1 □ Yas 2 □ No Be 25. Was cesa rafarrad to medicel 26. Placa of Death (Check only ona) axaminar? Hospital: 2NO Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 2 ☐ ER/Outpatient 3 ☐ DOA 9 27. Margear of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred After Attending Matural 5 Panding invastigation 1 TYas 2 TNo 2 Accident after death 3 ☐ Suicide 6 Could not be datarminad 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide b To the Hospital within 24 hours To the Funeral C completely filled Medical 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated. 29b Signature and little of certifier 29d. Data signed (Month, Day, Year) 06406 Who complated ceusa of daath (Itam 23a) (Type, Pri OLNEY MD 20832 DONALD LEWIS

State Registrar 31. Data filed (Month, Day, Yaar)
DEC 2 7 1996

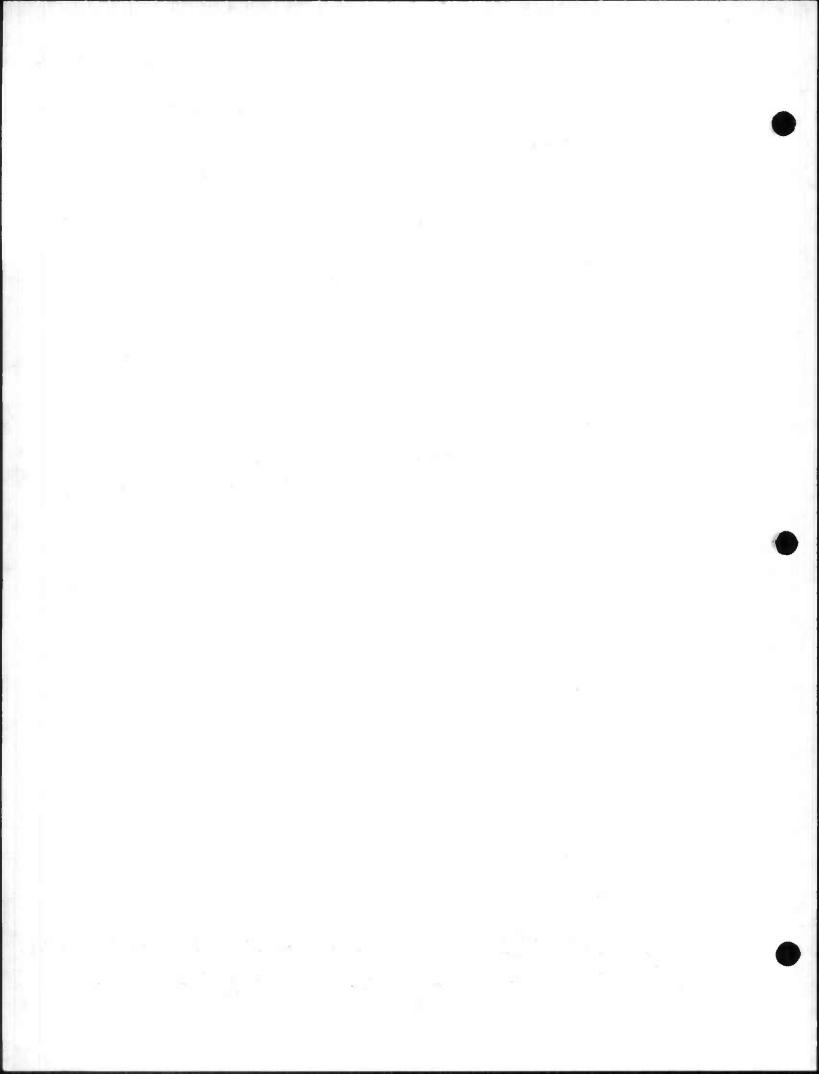
32 Registrass Signature

DHMH 16 Rev 6/95

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Division of Vital Records.

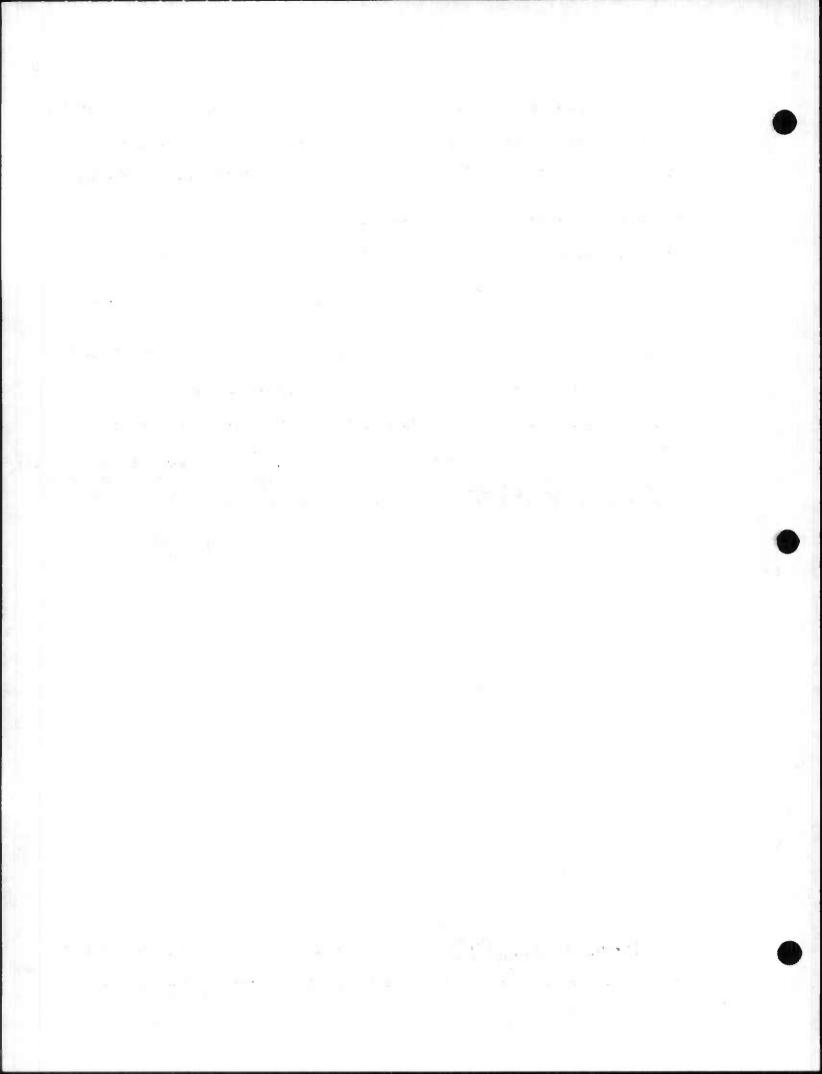


State of Maryland / Department of Health and Mental Hygiene

40869 Certificate of Death 1. Decedent's Neme (First Middle Lest) 2. Date of Death 3. Time of Death **Physician** Month Jack Felton Wilson December 24, 1996 3:50 A.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Circle Manor Nursing Home Kensington Montgomery If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Months Days 1 M 2 □ F Yrs. Director 259-82-2742 73 Sept. 15,1923 Georgia Usual Residence of Decedent the Marylend show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show Director Maryland Montgomery 1 XYes 2 No Rockville 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 505 Carr Avenue 20850 death Funeral United States 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Pages 1 end 2 should be filed within 72 hours after nent of Health end Mental Hygiene. Int: If Item 27 Ia marked other than "natural", or item Iry or other traumatic event, the Medical Examinal Black, White, etc. 1 ☐ Never Married 2 X Married 1 ☐ Yes 2 XNo If Yes, Give Year or Dates: 21215-0020 1 ☐ Yes 2 No Specify: þ Specify. 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Assembler Broom Factory Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be James Dawson Wilson Eunice Mae Alford 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) William S. Wilson/Brother 505 Carr Avenue, Rockville, Maryland 20850 20b. Place of Disposition (Name of cametery, crematory or other place) Dec. 27, 1996 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department or important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery Silver Spring, Maryland 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Robert A. Pumphrey Funeral Home/ Rockville, Inc., 300 W. Montgomery Ave. Rockville, Maryland 20850-2805 Rulla call M00348 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel Acute Myocardial Infarction Sudden disease or condition resulting in deeth) Examiner Due to (or as a consequence of): Examiner Coronary Heart Disease The law requires that the death certificate be executed buriel-transit vears Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resuiting in death) Last pue Due to (or es a consequence of) P.O. Box 68760, physician Physician/Medical the Due to (or as a consequence of): nse Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detech Hypertension, renal failure, ascites 1 ☐ Yes 2 ☐ No 3 ☐ Probabiy 4 ☑ Unknown Records, by 24b. Were autopsy findings evallable prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 should peed 1 ☐ Yes 2X No certificate 1 ☐ Yes 2 No Division of Vital or Attending Physician: Be 25. Wes case referred to medical 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Day Year) funeral 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After 5 Pending investigation 1 Natural s effer dea. 1 Tes 2 No 2 Accident To the Hospital or Atterwithin 24 hours efter dec To the Funeral Director completely filled in by th 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 🔯 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the ceuse(s) and menner as steted. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D08944 December 26, 1996 30. Name and eddress of person who completed or use of death (Item 23a) (Type, Print) Martin C. Shargel, M.I., 3720 Farragut Avenue, Kensington, Maryland 20895 31. Date filed (Month, Day, Year) 32 Registrar's Signeture State Registrar DEC 2 7 1996

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

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Days

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Physician /Medical **Examiner**

SEAN PHILIP 4a. Facility Nama (If not institution, giva straat and number)

216-11-6887

WILSON

Month December 21, 1996

If Under 24 Hrs. 8. Date of Birth (Month, Day,

3. Tima of Death

0320a

6175 SUNNY SPRINGS 5. Social Security Number

1. Decedent's Nama (First Middle Last)

7. Aga (In yrs. last birthday)

25

4b. City, Town, or Location of Deeth COLUMBIA

HOWARD

4c. County of Death

Day

Funeral Director

28a-f show

th and Mental thygiene. 7 is marked other than "natural", or items 23a or 28a-f sh traumatic event, tra Mexical Examinat must be notified

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or free any injury or other traumetic event, the Medical Exemp

Physician /Medical

Examiner

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al Director: After th

To the Hospital of within 24 hours af To the Funeral D completely filled in

filled in by

The law requires that the death certificate be executed

P.O. Box 68760,

Division of Vital Records,

or Attending Physicien:

Examiner

Physician/Medical

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Completed

Be

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Certification:

Medical

Baltimore, Maryland 21215-0020

Funeral

Be Completed by

the Maryland

Usuai Rasidanca of Decedant 10e. Stete

10b. County Anne Arundel

1₩ M 2□ F

10c. City, Town or Location Odenton

Yrs.

9,1971 Nov.

2. Data of Death

 Birthpiaca (State or Foraign Country) Maryland

10d. Inside City Limits

Director

10e. Street and Number

10f. Zip Coda

1X Yas 2 □ No 10g. Citizen of What Country?

1325 Hallock Drive

12. Was Dacedent Evar in U,S. Armed Forcas? 1 ☐ Yes 2 No If Yas, Giva Yeer or Datas:

21113 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.)

14. Race - American Indian, Bleck, Whita, atc

3 Widowad 4 Divorced

Naver Merried 2 Married

15. Dacedant's Education (Specify only highest grade completed) Coliega (1-4or 5+)

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratirad) Laborer

1 ☐ Yas 2 2 No Specify.

Specify: Black 16b. Kind of Businass/Industry

U.S.A.

Elementary/Secondary (0-12) 12th

17. Father's Nama (First, Middle, Last)

Roland Wilson, Sr.

18. Mothar's Nama (First, Middla, Maidan Surname)

Laura P. Gibson

19a. tnformant's Name/Ralationship (Type, Print)

19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda)

Roland E. Wilson, Sr.

20b. Plece of Disposition (Nama of camatary, cramatory or other pleca)

6908 Mayfair Ter., Laurel, MD 20707 20c. Location - City or Town, Stata

20a. Method of Disposition

1 Buriei 2 Cramation 3 Ramovai from Stata 4 ☐ Donation 5 ☐ Other (Spacify)

Nat'l Memorial Pk 12/26/

Laurel, MD

21. Signature of Funeral Service Mensee

SNOWDEN FUNERAL HOME, P.A. BOCKVILLE, MD 20850 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only has cause on each line.

tmmediata Causa (Final

Gunshot woun

Approximsta Interval Batween Onsat and Death

disease or condition resulting in death)

Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Last

Dua to (or as a consequence of):

Dua to (or as a consequence of)

23b. Did tobacco use contribute to the cause of death? 1 Yee 225 No 3 Probably 4 Unknown

24b. Wara autopsy findings available prior to completion of cause of death?

28d. Dascribe how injury occurred

24a. Was en autopsy performed?

1 No Yas 2 No

25. Was casa rafarred to medicai XYas 2□ No

27. Mannar of Death

1 Natural

2 Accident

3 Suicida

4 Homicida

5 Panding investigation

6 Could not be datarmined

Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of injury (Month, Day Year) 12-21-96

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

Other: 4 Nursing Homa 5 Residence 6 Phar (Specify) SCENE 28b. Time of 28c. Injury at Work? injury 00 44

1 Yes 2 No

Sulgest Shot

281. Location (Street and Number or Rural Route Number, City or Town, State) 61 75 Surray Sprung Columbia, Howard Co

29a. Cartifiai (Check only

1 Certifying Phystcian: To the bast of my knowledge, death occurred at tha time, data end placa, and dua to the cause(s) end manner as stated.
2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(s) and manner stated. 29b. Signeture end title of certifier & Wright MD

29c. License number

O.C.M.E.

29d. Date signed (Month, Day, Year)

DECEMBER 21, 1996

30. Nama and eddress of person who complated causa of death (Itam 23a) (Type, Print)

DONALD G. MD WRIGHT 31. Data filed (Month, Day, Year)

111 Penn Street, Baltimore, Maryland 21201

26. Piaca of Death (Check only ona)

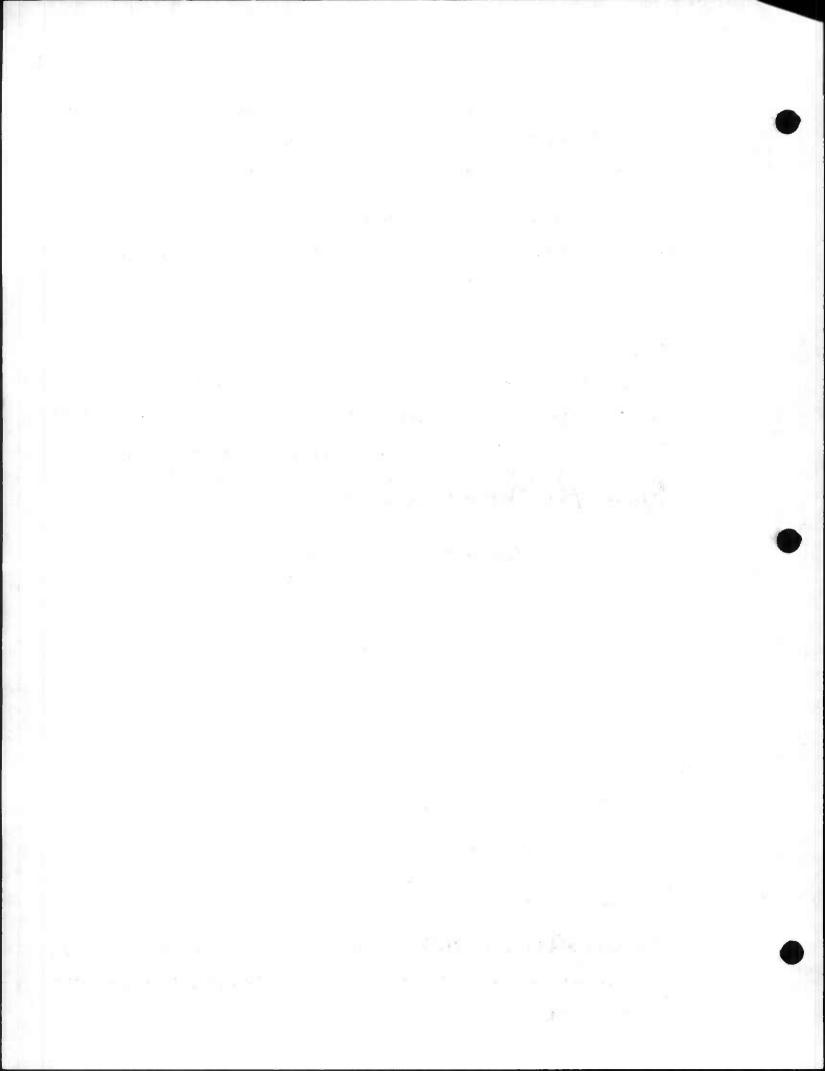
State Registrar

DEC 27

32. Registrar's Signatura elia Davidson

28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

parking lot



State of Maryland / Department of Health and Mental Hygiene

40871

lew requires that the death certificata be executed attending physicien for use as the buria signed b page 2 Hospital or Attending Physician: '24 hours after death. Ethersal Director: Aftar this certifica stelly filled in by the funeral director, p To the Hospital of within 24 hours a To the Funeral D Medical

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month DOROTHY DECEMBER 25, 1996 FLORENCE WILLIAMS 1:50 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BAYSIDE NURSING CENTER LEXINGTON PARK ST. MARY'S If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) 9. Birthpiece (State or Foreign **Funeral** 10 M XXF Yrs Director 577-20-0948 AUGUST 12,1921 WASHINGTON, DC Usuel Rasidanca of Decedent Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow Items 23s or 28s-f show iner must be notified at Director 1 ☐ Yes 2 No MARYLAND ST. MARY'S MECHANICSVILLE the 10e. Street end Numbar 10f. Zip Code 10g. Citizen of What Country? 40311 BAY DRIVE 20659 UNITED STATES Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status Rece - American Indien, Bieck, White, etc. traumatic event, the Medical Examiner 1 □ Never Merried 2 □ Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 X No Specify: þ Specify: 3 N Widowed 4 □ Divorced WHITE Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry filed within 7 Hygiene. Eiementery/Secondery (0-12) College (1-4or 5+) 12 MEDICAL SECRETARY MEDICAL SERVICES Pages 1 and 2 should be filed nent of Health and Mentel Hygirint: If Nem 27 Is marked other 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surnama) Be CHARLES F. **FLORENCE** J. GRAY 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Coda) nt of Health e: If item 27 is CHARLES F. WILLIAMS 204 SANDFORD AVE. CATONSVILLE, MARYLAND 21228 20e. Mathod of Disposition 20b. Piece of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 Bunel 2 □ Cremetion 3 □ Removei from Stete permit. Page Department of Important: If any Injury or once. 5 Other (Specify) 4 Donetion CEDAR HILL CEMETERY DEC.30 SIUTLAND, MARYLAND 21. Signaturo Tuneral Service Licenses THE HUNTT FUNERAL HOME, INC. BENJAMIN M. MATTHEWS M00658 P.O.BOX 156, WALDORF, MARYLAND 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dyling, such as cardiec or respiretory errest, shock, or haart feilure. List only one cause on each line. Approximete Intervei Between Onset end Deeth **Physician** /Medical Immediate Cause (Fine) disease or condition resulting in death) Examiner Dua to (or as e consequenca of) Examiner PSI Sequentially list conditions, if any, laading to immediata causa. Entar Underlying Cause (Diseese or Injury that initiated events rasulting in deeth) Lest Due to (or es e consequence of) Box 68760. Physician/Medical Due to (or es a consequança of) P.O. 1 Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Were autopsy findings aveileble prior to Completed 24e. Wes an autopsy performed? completion of ceuse of death? 1 Yes 2 □ No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) exeminar Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 28a. Date of Injury (Month, Dey Year) 27. Mannar of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Panding investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide

to Certifying Physician: To the best of my knowledga, deeth occurred at tha time, dete end plece, and due to the ceusa(s) and manner as stated.

Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) end menner stated.

29c. License number

29d. Dete signed (Month, Dey, Year) **DECEMBER 27, 1996**

State Registrar

completely

30. Name and eddress of person who ompleted causa of death (item 23a) (Type, Print) RAMOLDO DE SOUZA/, M.D., La Plata, MD

31. Dete filed (Month, Dey, Year)

29a. Cartifier

(Check only one)

29b. Signature and tips

32. Registra's Signature DEC3 Julia Dhurdson Randall 1996



		1. Decedent's Name (First, Middle	n, Last)					Death	2. Date o	Reg. No	0.	est la	3. Time of Death
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xamine	er	4a. Facility Name (If not institution 611 64th. P		number)				SEAT P	LEASAN	1 5	County P	C Death	
neral ector		5. Social Security Number 577-66-8826	6. Sex 1 M M 2 □ F	7. Age (In yr 49	rs. last birthday) 9 Yrs.		Year Days	If Under 24 H Hours M	n. 8. Date o in. Jan.	Birth Year	947	9. Birthplac Country uliett	e (State or Foreig e, Ga.
led at		Usual Residence of Decedent 10s. State 10b. County Maryland P.G.	8 8 94		City. Town or Lo eat Ple								Inside City Limit
at be not	ద	10e. Street and Number 611 64th Plac	e			10f. Zip 0	00de 0743				USA	What Country	7
Exe	by Fur	11. Marital Status **D Never Married 2 Married 3 Widowed 4 Divorced	12. Was De Armed F 1 ☐ Yes If Yes, G Year or			Was Decede If Yes, speci 1 ☐ Yes 2		ispanic Origin? n, Mexican, Pu Specify:	(Specify Yes o erto Rican, etc.	r No-		e - American s., White, etc BLAC	
Medical	Completed	15. Decedent (Specify only highes Elementary/Secondary (0-12)	t grade completed	A Francisco	16a. Dece (Give life.	dent's Usual kind of work DO NOT use	Occupi done o retireo	ation during most of v	vorking	16b. K	Gind of Bu	usiness/Indus	by
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8		19a Informant's Name/Relational Ezellins Marie		ister				and Number or way Ter				State, Zip Co	ide)
any injury or other to once.		20a. Method of Disposition 1 \$\overline{\Omega}\$ Burist 2 □ Cremation 4 □ Donation 5 □ Other (S)	3 □Removal from	20b. n State	Place of Dispo cemetery, cres	matory or oth	har plac	12.	Date 12/30/9	e3 275		City or Town	
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Registrar

and we

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

29d. Date signed (Month, Day, Year)

20715

12/16/96

40873

Physician /Medical Examiner

Doctors Community Hospital 7. Age (In yrs. last birthday) 5. Sociel Security Number 6. Sex **Funeral** Months Deys 219-12-3536 1 M XXF 93 Yrs Director Usuel Residenca of Decedent with the Marylend 10a. State 10b. County 10c. City, Town or Location 28a-f show ten 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examinar must be notified at P.G. Md Bowie Director 10e. Street end Number 10f. Zip Code 4508 Collington Rd. deeth Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Meritel Stetus 2 should be filed within 72 hours efter on end Mental Hygiene. Is merked other than "natural", or item 1 Never Merried 2 Merried 1 ☐ Yes 2 No If Yes, Give Baltimore, Maryland 21215-0020 þ 3[™] Widowed 4 Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 9th Homemaker 17. Father's Neme (First, Middle, Last) Be Walter Fletcher 2 19e. Informant's Neme/Reletionship (Type, Print) permit. Pages 1 and 2 sh Department of Health end Important: If Item 27 is m any injury or other traun 20e. Method of Disposition 1 Buriel 2 Cremetion 3 Removel from Stete
4 Donation 5 Other (Specify) 21. Signeture of Funerel Service Licensee any the Crati Physician ... immediate Cause (Final disease or condition resulting in death) /Medical multiple Myeloma Examiner Due to (or es e consequence of) Examiner physician and the burief-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Box 68760. Dehndration certificate be Physician/Medical Due to (or es e consequenca of): 88 attending esn ed by the a Division of Vital Records, P.O. signed by þ Completed Deen certificate has 25. Wes case referred to medical exeminer? Be 1 ☐ Yes 2 ☑ No Hospitei: 9 1₽ Inpatient 2□ ER/Outpetient 3□ DOA this funerai 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) To the Hospital or Attending Pl within 24 hours after death. To the Funeral Director: After the completely filled in by the funera Certification: 28b. Time of After 1 Neturel 5 Pending investigetion 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide

1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Time of Deeth December 73, 1996 Wolls 6:00 AM Josephine 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Prince Georges Lanham If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) 2/10/03 Maryland 10d inside City Limits 1⊠Yes 2□No 10g. Citizen of What Country? 20715 U.S.A. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☐ No Specify: Specify: Black 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Own Home 18. Mother's Neme (First, Middle, Melden Sumeme) Jane Deal 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Juanita M. Brandford/Daughter 4804 Collington Rd., Bowie, Md. 20715 20b. Piece of Disposition (Neme of cametery, cremetory or other piece)

Harmony Mem. Park 12/18/96 20c. Location - City or Town, State Landover, Md. 22. Name and Address of Facility H.S.Washington & Sons,inc. 4925 Burroughs Ave.,N.E. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Death Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 | No 3 | Probably 4 | Unknown 24e. Wes an autopsy performed? 24b. Wera autopsy findings evellable prior to completion of cause of death? 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 28d. Describe how Injury occurred 1 ☐ Yes 2 ☐ No 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) to certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier

29c. License number

D44156

State Registrar

Medical

(Check only one)

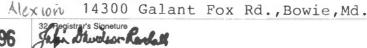
29b. Signeture and title of certifier

31. Dete filed (Month, Dey, Year)
DEC 2 3 1996

Rachelle M.

Kachelle M. alexion up

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)



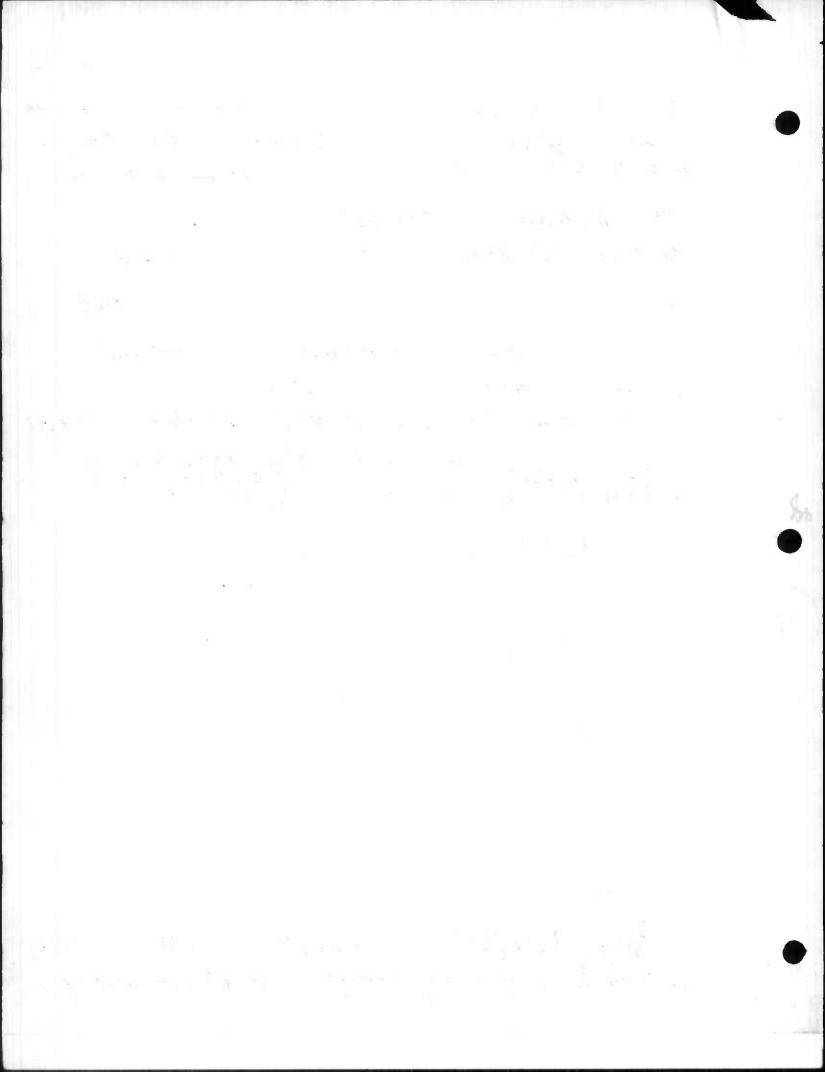
State of Maryland / Department of Health and Mental Hygiene 96 40874

						Certificate of	Death		Reg. No.	0 4	00/4	
	Physic	an	1. Decedent's Name (First, Middle, L	_				2. Date of De		Yeer	3. Time of Deeth	
J	/Medi		ETHEL	В.		WOODS		12/16/	/96		8:30 PM	
	Exami	er	4a. Facility Name (If not institution, g	ive street and number)			4b. City, Town, or LO 8600 OLD BETHESDA,	GEORGE	TOWN ROA	of Death	NAME OF THE PARTY	
			SUBURBAN								ONTGOMERY	
	Funeral Director		5. Social Security Number 6. 231–22–9445		(In yrs. last b	irthday) if Under 1 Year Months Days		8. Date of Bi	rth av, Year)		ce (State or Foreign CAROLINA	
	_		Usuai Residence of Decadent					12/10/	/02	30011	CAROLINA	
	show		10e. Stete 10b. County		10c. City, Tov	wn or Location				100	d. inside City Limits	
	the Man	ctor	DC N/A	A	1	WASHINGTON					1 Yes 2 No	
	or 28	Director	10e. Street and Number			10f. Zip Code	0.7.0		10g. Citizen of What Country? USA			
	23a		1216 44TH P			20	0019		US	A		
	ar de	Funeral	11. Maritel Status	12. Was Decedent E Armed Forces?	ver in U,S.	13. Was Decedent of I	Hispanic Origin? (Sp ean, Mexican, Puerto	ecify Yes or No Rican, etc.)	o- 14. Rad Bie	e - Americar		
20	# 9 E	by F	1 Never Married 2 Married X Widowed 4 Divorced	1 ☐ Yes 2 ☐ ♣ if Yes, Give Year or Dates:	Ö	1□ Yes 🛣 No	Specify:		Specif	BLAC	CK	
21215-0020	n 72 hours		15. Decadent's E	0.17	166	a. Decedent's Usuat Occur	nation		16b. Kind of B	usinges/Indu	etn	
215	C 1 M	Be Completed	(Specify only highest g	rade completed)		(Give kind of work done life. DO NOT use retire	during most of work	ing			Stry	
21	of filed within all Hyglene. I other than "	E O	Elementary/Secondery (0-12) ELEMENTARY	College (1-4or 5- NONE	+)	COOK			CULINA	RY		
pu	e file othe vant,	3e C	17. Father's Name (First, Middle, Las	t)			18. Mother's Name		, Maiden Suman	16)		
yla	Ments Ments arked	To	CESAR BROWN				NINA C	ADLE				
Maryland	2 should be for and Mental Fils marked of		19a. Informant's Neme/Relationship	(Type, Print)		b. Mailing Address (Street		_		Stete, Zip C	(ode)	
	1 and Health em 27		CARROLL BRO	WN, JR.		PO BOX 145-0	C2, LAMAR,	,00 =	9069			
Baltimore,	H ite		20e. Method of Disposition 1	☐Removel from State	cemete	of Disposition (Name of ery, crematory or other pla NY MEMORIAL	DADIZ 1	Date 2/21/96	20c. Location -			
===	rtmer rtant:		4 Donation 5 Other (Spec		HARMO						LOS EUR	
Ba	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hyglene. Important: If item 27 is marked other than any Injury or other traumatic event, the MODE.	3	21. Signeture of Funeral Service Lice	nsee		22. Name and Addre		RHINES CO., INC. TH ST NE, DC 20017				
1_	10000		Juan J	mils								
	5 1		23e. Perff. Enter the disease, or con shock, or heart failure. List only	one ceuse on each line	6.	not enter the mode of dy	ng, such as cardiec	or respiratory a	irrest,	i ie	Approximate Interval Between Onset and Death	
2	Physician /Medical		Immediate Cause (Finat	(0 t	-)	1						
	Examiner		disease or condition resulting in death)	-		1005/1				7	129YJ	
	_	Je.		L	Jue to (or as a	consequence of):						
	icata be executed physician and s the burial-transit	Examiner	Sequentiatly list conditions	b. —	Due to (or as a	consequence of):						
0	rifficata be executing physician and as the burial-trar		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury							1		
68760,	ata b hysic the b	Medicai	thet initiated events resulting in death) Lest	c	ue to (or es a	consequenca of):						
9 x	D 8			d								
Box	that the death ce ed by the attendir detached for use	Physician/		Ui .								
o.	the de ny tha	ysic	Part ii. Other significant conditions	contributing to death but	t not resulting	In the underlying cause gi	ven in Part I.			ntribute to ti	he cause of death?	
۹.		Ph						1 🗆	Yes 2 No	3 Proba	bly Unknown	
Records,	8 5 8	od by						24a. Was	en eutopsy		e autopsy findings	
00	> 0	lete						perfe	ormed?		ebie prior to pletion of cause	
Re	The law ate has b page 2 s	Completed						10	Yes 20 No		Yes 2□ No	
Vital	iclan: The lav certificate has rector, page 2	BeC	25. Was case referred to medical				26. Place of Deet				165 20 140	
>	5 00	ToB	examiner? 1 ☐ Yes 2 No	Hospital: 1 ☐ Inpatien	t 2 ER/O	utpetient 3 DOA Ott			idenca 6 □Oth	er (Specify)		
100	ding Phy h. After thi funeral		27. Manner of Death	28a. Date of injury (Month, Day		Time of 28c. Inju			how injury occur			
ioi	Attending ir death. actor: After by the fune	atic	1 Natural 5 Pending 2 Accident investigation	n	·oui		Yes 2 □ No					
Division	after de Directo	Certification:	3 Suicide 6 Could not l 4 Homicide determined	28e. Place of injur building, etc.		arm, street, factory, office			Street and Numb	er or Rural F	Route Number,	
	ospital or hours af uneral Di ily filled is											
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	29a. Certifier (Check only one) Certifying Place Certifying Place	miner: On the basis of e	examination ar	e, death occurred at the ti nd/or investigetion, in my o	me, dete end place, opinion, death occurr	and due to the ed at the time,	date and place,	enner as stat and due to th	ed. ne cause(s)	
	To the He within 24 To the Fu	Me	29b. Signature and title of cartifier	end manner state	8G.	29c. Licens	se number		29d. Date signe	d (Month. De	iv. Year)	
	F3F8		b (ha) di	la la	140	02	-11		14/1	7/9/		
	(2)	-	30. Name and address of person who	completed cause of do	eth (item 22c)				. //	1/10		
	9		7 . 6/1 [] 1	in 94/0	0/7	(Type, Print) Consitent	RI Bai	Theres	H6 2.	0974		
	Sta	te	31. Date fited (Month, Day, Yeer)	32 Registrar	s Signature							
	Registr	ar	DEC 23 199	36 Jah di	wolen-Re	roball						

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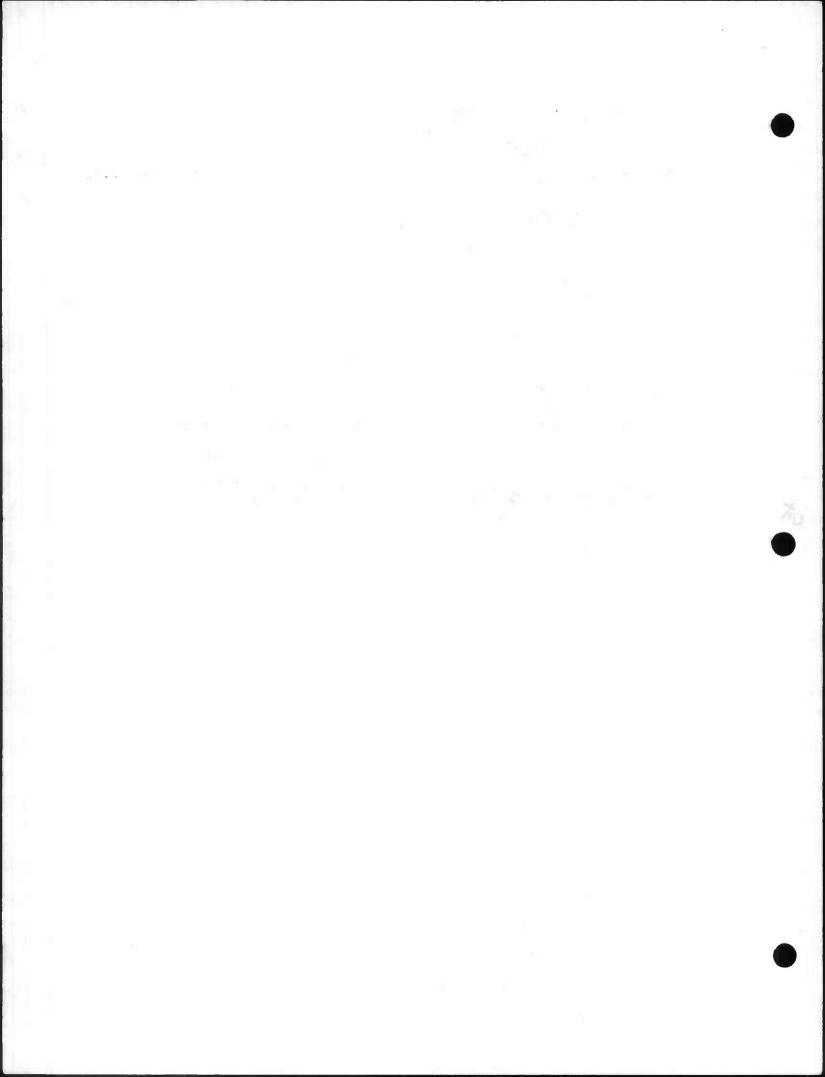
State of Maryland / Department of Health and Mental Hygiene

			ITEM: 1,8, per DR.G-743	1-9-97 eoh	Certifica	ate of Death	R	eg. No.	6 408/5
	Physici	-	Decedent's Neme (First, Middle, Last)	0 (2. Date of Deel	th	3. Time of Deeth
J	Physici /Medi		Daniel Co	then DANI	IEL B CORWIN		DEC		996 7:10 Am
	Examir		4e. Facility Name (If not institution, give s	treet end number)		4b. City, Town, or	Location of Death	4c. County of	^
L			LAUREL HOSP	real		Laure	/		e Georges
	Funerai Director		5. Social Security Number 057-/4-/768 Usual Residence of Decedent	7. Age (In yrs.	Yrs. If Und Month	ler 1 Year If Under 24 Hr. s Days Hours Mir		1000	9. Birthplace (State or Foreign Country).
	tand		10a. State 10b. County	10c. City	y, Town or Location				10d. Inside City Limits
	Mary Fred	tor	CT FAIR FIE	40	NORWA	IK		100	1) Yes 2□No
	r 28a	Director	10e. Street and Number	1		Zip Code	1	0gCitizen of Wh	nat Country?
	h with		16 KNOB HU	11 KDAD		6 857		US	A
	deat	Funeral	11. Maritei Status	Wes Decedent Ever in U, Armed Forces?	S. 13. Wes Dec	cedent of Hispanic Origin? (secify Cuban, Mexican, Pue	Specify Yes or No-	14. Race	- American Indian,
21215-0020	72 hours after death with the Maryland natural', or frems 23s or 28s-f show sizel Exariner must be notified at	þ	1 ☐ Never Married 2 ☐ Married Widowed 4 ☐ Divorced	1 Yes 2 No If Yes, Give Year or Dates:		2 No Specify:	no nican, etc.)	Specify:	White, etc.
5-0		Completed	15. Decedent's Educ (Specify only highest grede	eation	16e. Decedent's Us	sual Occupation	ndkina	16b. Kind of Busi	Iness/Industry
121		npidu	Elementary/Secondary (0-12)	Coilege (1-4or 5+)		vork done during most of we use retired)		man	. /
	77 70 1		17 Fathada Nama (First Middle Cast)	5+	PHY	SICIGN		MEDIC	- 0/
Maryland	of day	Be	17. Father's Name (First, Middle, Last)	- 01111		18. Mothers Ne	ome (First, Middle, I		
7		To	19e. Informant's Name/Reletionship (Tyr.	ORWIN	10h Mailing Addre	ess (Street end Number or F		Hen	tota Zin Cadal
Ma			BARNET CORW		1,995	WEST CO	- 2	11 11	1/
re,	f Heal f Heal frem 2 other		20e. Method of Disposition	20b. P	lace of Disposition (A	ieme of		CLURKSU, 20c. Location - C	ity or Town, State
OLL	8 = 5		12 Burlei 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	emoval from State	emetery, cremetory of	1 / 04	12.22.80 1	Inouni	11/7
altimore			21. Signature of Funeral Service Chenge	1 DET		MOCIG JUCK and Address of Fecility <	of Levin	OK WULL	BROS
ä	permit. Departr Imports any Inje		M/Inhall /		8900	Beisters	DUN, RI	AO_	0.7(0-
h	_		23e. Part1. Enter the disease, or complice shock, or heart failure. List only on	cations thet caused the death	. Do not enter the m	ode of dving, such as cardie	SVIII M	D 217	Approximete
	Physician		shock, or heart failure. List only on	use on each ilne.					Interval Between Onset and Death
И	/Medical		Immediate Cause (Final disease or condition	Acuts N	UMICOGO	ial into	~ fion		lhr
	Examiner		resulting in deeth)	Due to (or	as a consequence o	1):	91011		
-	D 1	iner	- 5						
	3 2 4	Examine	Sequentially list conditions,	Due to (or	as a consequence o	ŋ:			THE STATE
Ş.	be east cian and burlai-tra		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury				0.0		
687	at the	edicai	that initiated events resulting in death) Last	Due to (or	as e consequ <i>e</i> nce of):			120
Box	nding p	Σ	d.						
	事 報及	Physician/	Part II Other plantilleast and distance and		Maritime and the		Dot Blie		
o.	6 69	hys	Part II. Other significant conditions cont	ributing to death but not resu	liting in the underlying	cause given in Pert I.			ributs to the cause of death?
Д,		by P					. 1 7	88 2LING S	3 □ Probably 4 □ Winknown
Vital Records,	- St 100 YES	8					24a. Was a	n autopsy	24b. Were autopsy findings available prior to
900		Completed					perform	ned r	completion of cause of death?
ď	0 4 5	E					1□ Ye	s 2 No	1 ☐ Yes 2 ☐ No
ta		Bec	25. Was case referred to medical			26. Place of De	eath (Check only on		
٥ د د	2 20	To	examiner? 1 ☐ Yes 200 No	ospital: 1 ☐ Inpatient 2 🖼	R/Outpatient 3□ [Other	Home 5 ☐ Reside	^	(Specify)
-			27. Manner of Deeth 1 Neturel 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury at Work?	28d. Describe ho	w injury occurred	
sio	Attending r death. actor: Alta by the fune	cati	2 ☐ Accident Investigation 3 ☐ Sulcide 6 ☐ Could not be		М	1 Yes 2 No			
Division		Certification:	4 Homicide determined	28e. Place of Injury - At ho building, etc. (Specify		ory, office	28f. Location (St City or Town		or Rural Route Number,
_	Hospital or 24 hours afte Funeral Dir 4ely filled in		29a. Certifier 1 Cartifying Physi	plan. To the heat of	dados da st	al an abandar a data	Line alle		V
		edicai	(Check only one)	clan: To the best of my know ar: On the basis of examinati and menner stated.	ion and/or Investigation	on, in my opinion, deeth occ	e, and due to the ce urred at the time, do	ate and piace, an	ner as stated. d due to the cause(s)
	fo the Mithin 2 To the comple	Me	29b. Signeture and title of certifier	m .1	2	9c. License number	2	9d. Dete signed ((Month, Dey, Year)
	F 3 F 0		1 Magona al	Jove Man MI	2	D24942			
	1		30. Name and address of persiph who con	npleted cause of death /Item	23a) (Type Print)	201110			- 116
	10		Gnizory A. C	OWITON 3	317 Che	DZ4942	Laurel	MO	20707
	Sta	te	31. Date filed (Month, Dey, Yeer)	ha Fatherinis Many	Lette	J			
	Domina		TENLO 7 IMM/	DUTCH CASE AND COMMON	Andrew Artist Control				



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death ITEM:23 per DR. G-743 1-9-97 eoh 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** 11:55 AM 31 OWER 2 16 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Good Samaraton HOSPUTE Balto ER CUTY 8. Date of Birth (Month, Day, Year) 9. Brinds (Country) Oct. 11,1939 Maryland If Undar 1 Yaar Montha Days If Undar 24 Hra. Hours Min. 5. Social Sacurity Number 7. Age (In yrs. lest birthday) 8. Sex 9. B hpiaca (State or Foreign **Funeral** 10 M 2□ F 218-36-6828 57 Director Usual Residence of Decedent death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 23a or 28a-f show the Medical Examiner must be notified at Battimore 1 Yes 2 No Director Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2/23 USA Kywood CT. Funeral Hems ? 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene.
Important: if item 27 is marked other than "naturel", or the any finury or other traumatic event, the Moderal Exaction. 1 ☐ Yes 2 🛣 No If Yas, Giva Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1□Yea 2□N6 Specify: Specify þ HITE 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 2 yrs. Currier Delivery 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be William James Parks Mary Theresa Baugh 2 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Valerie Parks 23 Skywood Ct. Baltimore, Maryland 21234 Wife 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 Cremation 3 Removal from Stata Dulaney Valley Mem. Gdns. 1/4/97 Timonium, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 22. Name and Address of Facility
Mitchell-Wiedefeld Home any in 6500 York Rd. 21212 10 Drak 23a. Part1. Enter the diseese, or compli-shock, or haart failure. List only or plications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, one cause on each une. Approximate Interval Between Onset and Death Physician NATURAL CAUSES Immediate Cause (Final disease or condition rasulting in death) /Medical death Examiner cause HYPERTENSIVE ATHEROSCTEROTIC Physician/Medical Examiner HEART DISEASE PON CONSUM The law requires that the death certificate be executed attending physician and for use es the burlal-trans Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that initiated events resulting In deeth) Last Due to (or as a consequence of): e levaled Division of Vital Records, P.O. Box 68760. the lesters Due to (or as a consequence of) 68 ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown by 24a. Was an autopay performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed peen page 2 certificate has 1 ☐ Yes 1 ☐ Yes 2 ☐ No or Attending Physician: director, 25. Was case referred to medical examiner? Be 28. Placa of Death (Check only one) parlang 2 No Hospital: Other: 4 Nursing Homa 5 Rasidance & Other (Specify) 2 1 ☐ Yes 1 Inpatient 2 ER/Outpatient 31000A this funaral 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) I Director: After the of in by the funare 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No after death. 2 ☐ Accident 8 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) within 24 hours after de To the Funeral Directo completely filled in by th 3 ☐ Sulcide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide presumed Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) end manner as stated. Medical (Check only one) 2 Madical Examiner: On the basia of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. To the within 2 29b. Signature and title of cartifian 29c. License number 29d. Date signed (Month, Day, Year) 96 B43438 MD 19 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Hospita 32 Registrar's Storature 31. Date filed (Month, Dey, Year) State 9 1997 0 Registrar



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

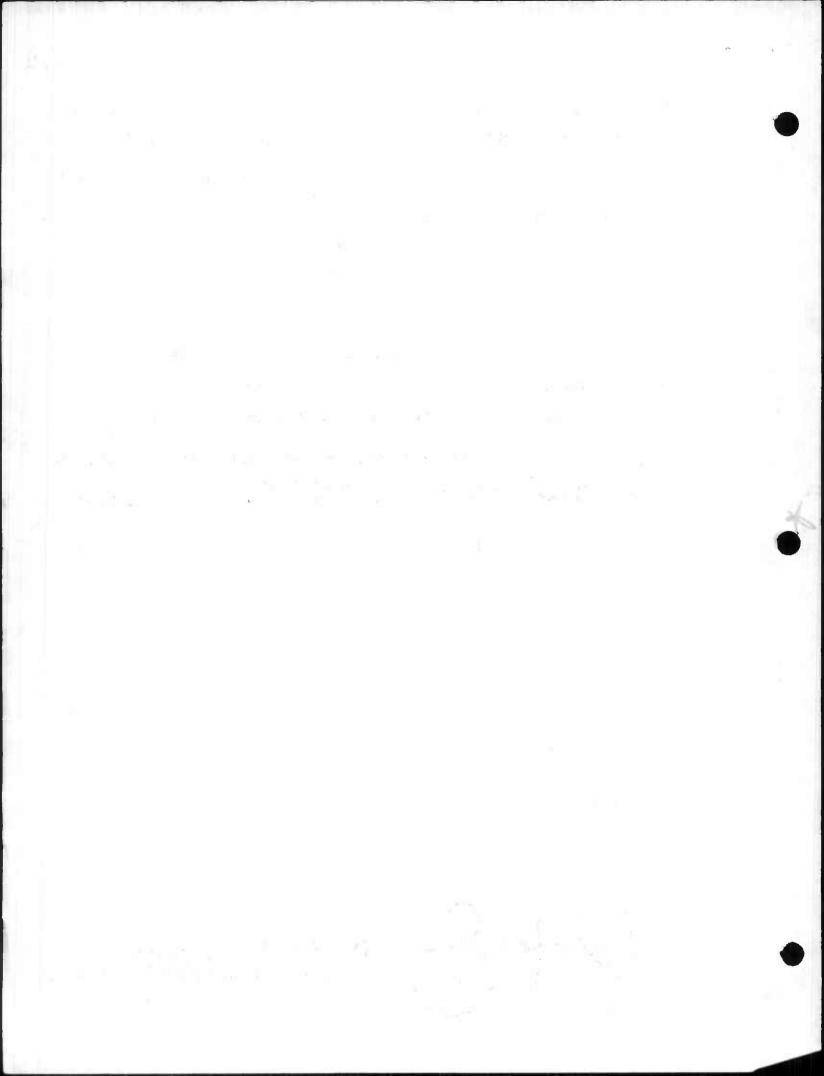
	REGISTRAR		C	ERTIF	ICATE	OF	DEATH		REG. NO.				
	t. DECEDENT'S NAME (First, Middle, Lest)							MONTH		Y .A	YEAR	3. TIME OF DEATH	٨
	Traian Radovan							D	c 26	19	36	1:35	M
		5. SEX 6	89 AGE (In yrs. la	st birthday) YRS,	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month) Decer	nber 1	4, 1	90 7 gunt	PLACE (State or Form	
	9e. FACILITY NAME (If not institution, give stre	set end number)			9b. CITY,	, TOWN	OR LOCATION OF D	EATH		9c. COL	JNTY OF D	DEATH	
DIRECTOR	Holy Cross Hospit	tal			Si	lvei	Spring			Мо	ontgo	omery	
Ĕ	toe. STATE tob. COUNTY			t0c. CIT	Y, TOWN O	R LOCAT	TON	_				tod. INSIDE CITY	
5	MD Monts	gomerv		T.	heat	on						LIMITS?	10
FUNERAL	10e. STREET AND NUMBER					_	ZIP CODE			10g, Cl	TIZEN OF	WHAT COUNTRY?	
띮	11901 Georgia Ave	enue				1.	20902			ī	JSA		
5	ti, MARITAL STATUS	t2. WAS DECEDENT FORCES? t	EVER IN U.S.	RMED	t3. 1	WAS DEC	ENDENT OF HISPA	NIC ORIGIN	? (Specify Yee		t4. RAC	E - American indian	١,
B	1 Never Married 2 Merried FORCES? t YES 2 NO If yes, specify Cuben, Maxican, Puarto Rican, etc.) 3 Wildowed 4 Divorced FORCES? t YES 2 NO If yes, specify: 1 YES 2 NO Specify: Specify:												
	t5. DECEDENT'S EDUCA (Specify only highest grade of		t6e. D	ECEDENT'S	USUAL O	CCUPATIO	ON st of working	16b.	KIND OF BUS	INESS/IN	DUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (t-4 or 5+)	iii.	e. Do NOT us	se retired.)	ading inc	at or working						
를		5+		Law	ver				Lega1				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	AME (First, A	Aiddle, Meiden	Surname)			
띪	Ion Radovan						Unkne					1.7	
2	t9e. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS	S (Street a	nd Number or Rural	Route Numb	er, City or Town	n, State, Z	ip Code)		
	Armand Scalia						Circle.						
	29s. METHOD OF DISPOSITION 1-1 Burlal 2 Cremation 3 Ramon	val from State	20b. PLACE cemetery, cr	ematory or p	ther place)			DATI			- City or To		
	4 Donation 5 Other (Specify) Columbia Gardens Cemetery 12/31/96 Arlington, VA												
	Affordable Funeral Services												
	Cuino Tit	emis	Rouse	1	2	230	Gallows	Road	. Dunr	Lo	ring.	VA 2202	7
	23. PART i. Enter the diseesee, or co ahock, or heart failure. L	omplications that	caused the d	eath Oo	not enter	the mo	de of dying, euc	ch aa card	llac or reapi	ratory a	rreat,	Approximat	ta
	IMMEDIATE CAUSE (Final	rat only one ceus	e on each iin	e. 1								Interval Bet Onset and	
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
		DUE NO (C	R AS A CONSE	EOUENCE O	F):	2	. 0	1					
Ζ	Sequentially list conditions,	O-	recel	& l	tie	1	cofee	Leon	K				
Ĕ	If any, leading to immediate	DUE TO (C	OR AS A CONS	OUENCE O	F):		-						
CERTIFICATION	CAUSE (Disease or injury	DUE TO W	OR AS A CONSE										
Ē	thet initieted eventa resulting in deeth) LAST	300 300	n as a const	O SOMSOO	rj.								
5	d.												
	PART II. Other algnificant conditions	contributing to d	eath but not	resulting	In the un	nderlyIn	g cause given ir	Part I.	24a. WAS AN PERFOR		241	. WERE AUTOPSY FIN	
EDICAL									1 YES 2			AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	
ME												1 YES 2 N	0
	DID TOBACCO USE CONTR	IBUTE TO CAL	ISE OF DE	ATH YI	ES 🔲 I	NO [UNCERTAI	N 🗆				to-of to-of	
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLA	CE OF DEA									
Sic		HOSPITAL:	ER/Outpatlant	3 🗆 DOA	4 Nun		e 5 🗆 Rasidence	6 🗆 Othe	r (Specily)				
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF III (Month, Day		26b. TIN	IE OF JURY		JURY AT	26d. DES	CRIBE HOW II	NJURY O	CCURED		
BY	1 Action 5 Pending Investigation				М		YES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF building, e	INJURY - At h	ome, ferm,	street, fact	tory, offic	•	26f, LOC	ATION (Street of	and Numb	er or Rural	Route Number,	
Ë J	4 Homicide detarmined												
7	29a. CERTIFIER 1 CERTIFYING PHYSIC	HAN: To the best of m	y knowledge, d	leath occurr	ed at the t	lime, date	end place, end du	e to the cau	ise(e) and mer	nner ee at	ated.		
COMPLETE	000) 2 MEDICAL EXAMINER	: On the basie of axe	mination end/or	Investigation	on, in my o	opinion, o	leath occured at the	e time, data	end place, en	d due to	the cause(a) and manner ee sta	rted.
	29b. SIGNATURE AND TITLE OF CERTIFIER	#					29c. LICENSE NU	IMBER		29d. DA	TE SIGNE	D (Month, Day, Year)	
BE	Dal Korea	seen	MiD.				0098	834		•	200	27 19	796
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (IT	ЕМ 27) (Тура	, Print)							-1,1	, ,,0
	BARRY ROSEMBAN 31. DATE FILED (Morith, Day, Year)			TARR	16 V	71	AUE /	KEW.	511/60	ON	M	0 2089	5
	IAN 0 9 1997	Lulia D	widson)	BydeM	5					,			

						Department of I		Mental Hyg	iene 9	6 1	0878
			AMENDED DATE SEE 31 G- 1. Decedent's Neme (First, Middle, Las	743 1-9-97 eo	hper FR	Certificate of	Death	T	g. No.		0.70
П	Physic		A la P AA A L	Schick	cne			2. Dete of Deet Month	Dey	Year 1996	3. Tima of Death
	/Medi Examir	cal	4e. Facility Name (If not Institution, give	street and number)		. 1	4b. City, Town, or I	Decembe	4c. County	7 4 -	0131
	Exami	IGI	4e. Facility Name (If not Institution, give	TE HOSPI	TIMOR	100 NOATH	Baltin	nore		NIA	
	Funeral		5. Social Security Number 6. Se	7. Age ((In yrs. last bin	hday) If Under 1 Yeer Months Devs	if Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey,	Year)		ace (Stete or Foreign
Ŀ.	Director		011 00 000g	LÍM SMIL	65	Yrs.	170010	12/11	81	Mar	yland
	land		Usuel Residence of Decedent 10a. Stete 10b. County	1	10c. City, Town	or Location		' /		10	Od. Inside City Limits
	Mery	to	Maryland		Baltim	ore					1⊠ Yas 2□No
	r 28a	Director	10e. Street and Number			10f. Zip Code		10	Og. Citizen of \	What Count	try?
	72 hours after death with the Meryland natural', or flems 23a or 28a-f show areal Examiner must be notified at	ai D	910 S. Linwood Av	venue		21224			U.S.A.		
	dea T	Funeral	11. Meritei Stetus	12. Wes Decedent Ev Armed Forcas?	er in U,S.	13. Wes Decedent of I	dispenic Origin? (S	pecify Yes or No-		e - America	
20	of h		1 Never Married 2 Merried	1 ☐ Yes 2 🔀 No If Yes, Give		1 ☐ Yes 2 ☒ No				v: whi	
21215-0020	d within 72 hours affinene. r than "natural", or	d by	3 Widowed 4 Divorced	Yeer or Detes:	100	David anti- Havel Occur				1	
15	in 72	Completed	15. Decedent's Edi (Specify only highest grad	de completed)		Decedent's Usual Occup (Give kind of work done life. DO NOT use retire	during most of wor	king	16b. Kind of B	usiness/ind	uetry
212	J within jiene. r then "	шо	Elementery/Secondery (0-12)	College (1-4or 5+)		clerk	-,		ban	k	
pu	be filed ttel Hygind d other event, I	Bec	17. Fether's Neme (First, Middle, Last)				18. Mother's Nen	ne (First, Middle, A	leiden Sumen	ne)	
ylaı		TOE	Elmer R. Schickner	r			Ada Mc	Calally			
Maryland	and and and		19e. informent's Neme/Reletionship (T	ype, Print)	19b.	Meiling Address (Street	end Number or Ru	rai Route Number,	City or Town,	Stete, Zip	Code)
			Carolyn McWilliams	s/sister		12 N. Bound	ary Road				
O	H of H		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ I		cemeter	Disposition (Neme of y, cremetory or other ple	ce)	Dete	20c. Location -	City or Tov	vn, Steta
Baltimore,	permit. Peges 1 ar Department of Heal Important: If item 2 any injury or other once.		4 Donation 5 Other (Specify,	- 4							
Ba	Depa Impo Impo Ince		21. Signetum of Funeral Service Licens Remaild S. Water		w .	22. Neme end Addre State Anat		1. 655 W.	Balti	more	Street
			1 Somon	/ a pun		Baltimore,	MD 2120	01			
	Dhualaian		Sa. Part Enter the disease, or comp shoot, or heart feilure. List only of	one ceuse on each line.	ie deeth. Do r	ot enter the mode of dyl	ng, such es cardiec	or respiretory erre	ist,		Approximete Interval Between Onset end Death
	Physician /Medical		immediate Cause (Final	D. ,	+`0	0					0.100
	Examiner		disease or condition resulting in death)		etic	consequence of):					
	D #	ner		· INSULIA	-	PEN DANT	Diahote	5 Mes	Lity	5	
	acute and trans	Examiner	Sequentially list conditions,			onsequence of):	DINOCI	3 // 16.			
8760,	cate be executed Anysician and the burial-transit	û	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	c							
687	physicate s the	edicai	thet initieted events resulting in deeth) Last	Du	e to (or as e c	onsequence of):					
Box (death certific e attending p od for use as	√Me		d						i	
B	d for u	Physician/M	Dert II Other significant conditions on	madbustion to double but a		****	and boat	ook Didas		- 0-10-10-10-10-1	
P.O.	that the de led by the a detached 1	hys	Part II. Other eignificant conditions co	ntriouting to death out i	not resulting in	the underlying cause gr	ven in Pert I.				the cause of death? ably 4⊠Unknown
	igned be det	by P						1011	2010	3 <u>—</u> 110 <u>0</u>	acity 4 El Ottomore
Records,	- w							24a. Was ar		24b. We	re autopsy findings ilable prior to
900	2 S S	ple						perioni	1001	con of d	npletion of cause leeth?
	0 - 0	Completed						1 □ Ye	s 2 (No	1 🗆	Yes 2010
Vital	ysician: The s certificate director, pag	Be	25. Wes case referred to medical examiner?			TS		th (Check only on	9)		
to	5 00 0	70	10 165 2/2/40	Hospitel: 1 Inpatient	2 ER/Out	herieur 3 DOV		ome 5 Reside			, HOSPITM
	After After funer	tlon	27. Menner of Death 1 Netural 5 Pending investigation	28a. Dete of Injury (Month, Dey Y	(ear) 28b. T	ijury Wo	ryet rk? Yes 2∐No	28d. Describe ho	w injury occur	Der	
Division	or Attending after death. Director: After in by the fune	fica	3 ☐ Suicide 6 ☐ Could not be	28e. Piece of Injury	- At home, fer	m, street, fectory, office	1100 2 2 1100	28f. Location (Str	reet end Numb	per or Rural	Route Number.
ă	afta Direction	Certification:	4 Homicide Getermined	bullding, etc. ((Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town	, Stete)		
	To the Hospital or Attending Phy within 24 hours aftar death. To the Funeral Director: After thi completely filled in by the funeral		29e. Certifier (Check only 2 Medical Exam)	etcian: To the best of r	ny knowledge,	deeth occurred at the ti	me, dete end plece	and due to the ca	use(s) and ma	nnar as sta	Nted.
	the Hi in 24 the Fr	ledicai	one) 2 Medical Exami	end menner state	caminetion end	Vor investigetion, in my o	pinion, deeth occu	rred et the time, de	ite and plece,	and due to	the cause(s)
	To To To To To To To To To To To To To T	2	29b. Signeture end title of certifier	_	4	29c. Licens	se number	25	d. Dete signe		
			10 flores	- maj	hal	230	1636	1	18	2	6/16
			30. Name and eddress of person, who co	ompleted cause of deel	h (Item 23a) (100	MOKIT	1 KRU	A DWI	440	MURUM
	- 01	•	31. Dete filed (Month, Dey, Year)	32. Registrar's	Signature	MOSPI	14L, B	H-LT IIN	DNF	INT	1 -
	Sta	te	4-1	a h		w					

Dilani se D... eme

State of Maryland / Department of Health and Mental Hygiene

		1	TEM:23a G-743 1-9-97 p	er DR. eoh		Certificate of	Death	F	leg. No.	20	40013
ľ	Physic	ion	1. Decedant's Nama (First, Middla, La	st)				2. Data of Dea Month		Yaar	3. Time of Death
Q.	/Medi		HEIEN CORS	E WA	IKER			Decemb	er 31	1996	10 30 pm
}	Exami	ner	4a. Facility Nema (If not institution, giver Fallston General				4b. City, Town, or L Fallston	ocation of Deeth	4c. County	of Death	
ŀ	Funeral		Social Security Number 6. S	Sex 7. Age (//	n yrs. last birth		r If Undar 24 Hrs.	8. Daia of Birth (Month, Day	-	9. Birthois	ace (Stata or Foreign
ı	Director			□M 2 X F 8	6 ү	rs. Monihs Deys		May 30,	1910	New J	
	and w.		Usual Residence of Dacadant 10a. Stata 10b. County	10	c. City, Town	or Location				10	d. Insida City Limits
	Maryl Ff sho	tor	Maryland Baltimo	re 1	Essex					- 10	1 ☐ Yas 2 ☐KNo
	within 72 hours after death with the Maryland jiene. I then "natural", or Items 23s or 28s-1 show the Modical Examiner must be invilled at	Funeral Director	10e. Street and Numbar 1117 Tace Drive			10f. Zip Coda 212	221	1	log. Citizan of U	Whai Counti	ıy?
	death	nera	11. Marital Status	12. Was Dacedeni Eva	r in U,S.	13. Was Dacedant of	Hispanic Origin? (Sp	ecify Yas or No-		ce - America	
21215-0020	ours after al', or its	þ	1 ☐ Naver Merried 2 ☐ Married 3 X Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yas 2 A No if Yas, Giva Yaar or Datas:		1 ☐ Yas 2 2 No	oan, Maxican, Puarto Specify:	Rican, etc.)		ck, Whita, ai	
5-0	72 ho	Completed	15. Decedent's Ed (Specify only highest gra	fucation da completed)	18e. [Decedant's Usual Occu 'Giva kind of work done	pation	ina	16b. Kind of B	usinass/Indu	ıstry
121	vithin Ne.	mple	Eiamantary/Secondary (0-12)	Collaga (1-4or 5+)	1	life. DO NOT usa ratire	ed)	ang .	0		
d 2	filed with Hygiene. ont, the M		8 17. Feihar's Name (First, Middla, Last)			Housewife	10 Mother's Norm	a /Final Adiabatha	Own Ho		
lan	D a b	To Be	Frederick Corse				18. Mothar's Nam	ah Mille		1a)	
Maryland	12 har		19a. Informent's Name/Raiationship (Aileen W. Greenw		19b. 71 (Mailing Addrass (Stree 06 Gough St	t end Number or Rur reet Balt	el Routa Number	r, City or Town,	Stata, Zip C	Code)
ore,			20a. Mathod of Disposition		20b. Piace of I	Disposition (Nama of , cramatory or othar pla	ace)	Deta	20c. Location -	City or Tow	vn, Stete
imo	Page nent c int: If iry or		1 Surlai 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Specified)			Of Faith Ce		4/1997	Baltimo	re Co	., Md.
Baltimore,	permit. Pages 1 Department of H important: If the any injury or ot		21. Signature of Funeral Service Liber	andy	le		ess of Facility Ki. Funera			ı.a. 21	221
	-		23a. Part1. Enter the diseasa, or com	olicetions that eadsed the	death. Do no		Eastern A ing, such as cardiac			1 2	Approximate
1	Physician		shock, or haart feilura. Lisi only	ona ceusa on each line.	1	1	1				Interval Between Onget and Death
A	/Medical		immediate Cause (Final disaase or condition	lesx	wat	motarl	112			82	Dayx
	Examiner		rasulting in death)	D	to (or as a co	onsequence of					10
	ed sit	nine		CEREBROVAS	CULAR AC	COLDENT				1	
	eath certificata be executed attending physician and for use as the burlal-transit	Examiner	Sequentially list conditions, if any, laading to immadiata causa. Eniar Undarlying	Due	to (or as a co	onsequance of):				i	
68760,	siciar b buri		Causa (Disease or injury that Initiated events	C	to /or on a no					i	
68	tificat og phy as th	fedical	rasulting in death) Last	Dua	to (or as a co	nsequance of):				i i	
Box	endin r use	an/IM		d							
O. E	the atter	Physician/	Part ii. Other significant conditions of	ontributing to death but no	ot resulting in t	tha underlying ceusa gi	van in Part I.	23b. Did to	bacco use co	ntribute to 1	the cause of death?
Δ.	ta you		Coman	1 Mateur	ale	8 01 10		1 🗆 Y	es 2 No	3 Probe	Unknown
ds,	S 5 8	d by	1111		000			04-114-11-11	area e e e e e e e e e e e e e e e e e e	T 04h 146a	
Vital Records,	200	Completed	OHS	lex				24e. Was a perform	n autopsy ned?	com	e autopsy findings iabia prior io pletion of ceuse
Re	The law ate has b page 2 s	E C							8	of da	aath?
ta			25. Was casa rafarred to medicel				OC Plans of Doort	1 🗆 Ya		10	Yas 20 No
\leq	Physician: this certific rai director,	To Be	axaminar?	Hospital: 1 Opatiant	2 ER/Outo	eatieni 3 DOA Oti	26. Placa of Death	me 5 ☐ Rasida		or (Consibil	
J Of			27. Mannar of Deeth	28a. Date of Injury (Month, Day Ye	28b. Tir	na of 28c. inju		28d. Dascribe ho			
Sio	Attending or death. actor: Afte by the fune	satic	1 Neturai 5 Panding Invastigation		ar) inj		Yes 2 No				
Division	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral	Certification:	3 Sulcida 6 Could not be determined	28a. Piace of Injury - building, etc. (S	At home, fam pacify)	n, straat, factory, office		28f. Location (St City or Town		er or Aural I	Routa Number,
	pital oral filled		29e. Certifier Certifying Phy	reinien. To the boot of my	, to a suita da a						
	To the Hospital or within 24 hours after To the Funeral Direction plately filled in	edical		rsician: To the best of my Iner: On tha basis of exa and mannar stated.	micetion and/	or invastigation, in my o	me, deta and piece, opinion, daath occurr	and dua to the ca ed at tha tima, d	ausa(s) and ma ate end piece,	nner as stal	ted. ha causa(s)
	To the within To the comple	M	29b. Signature and title of certifier)	29c. Licans	sa number	2	9d. Data signa	d (Month, Di	ay, Year)
			My -	tel >	_	078	339	To	mun	411	997
			30. Nama and address of person who o	ompleted causa of death	(item 23e) (T	ype, Print)	ManDA	101	ADD/	TIME	12/215
			CIPI/A	MEINE	H 1	101 6	wicer (vou (sec 4	404	161017
	Sta Registra		JAN 0 9 1997	32 Registrar's	pandell						
			JAIN O O IJJI		Appendix and an arrival						



FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		-		CE	ALIEI	CAIL	Ur	DEA	ın_		REG. NO.				
	1. DECEDENT'S NAME (First, Middle,	Last)									2. DATE (3. TIME OF DEATH	
0.0	ANTHONY	BRIAN	Ī	ALE	XAN	DER						nber 2		YEAR	2:15 Pm	
	4. SOCIAL SECURITY NUMBER	5. SE	K	6. AGE (In	yrs. last b	irthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH			PLACE (State or Foreign	
	212-92-7708	15/2	M 2 🗌 F		20	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	- 1	Country	SISSIPPI	
	9a. FACILITY NAME (If not institution				20		9h CITY	TOWN (OR LOCATI	ON OF DE		10,157	9c. COUN			
Œ	WASHINGTON C		,	TAT							ZAIN					
DIRECTOR	RESIDENCE OF DECEDER		HUSP I	IAL			Н	AGE	RSTOW	IN			WAS	SHIN	FION	
8		OUNTY				10c, CITY	TOWN	R LOCAT	ION					1	10d. INSIDE CITY	
5	WV	BERKEL	EY			M	ARTI	NSRI	IRG					- 1	LIMITS?	
	10a, STREET AND NUMBER					111	VICT I		ZIP COD							
A	511 S. KENTU	CVV AU	EMILE					101							HAT COUNTRY?	
Ä									25	401				JSA		
FUNERAL	11. MARITAL STATUS 1)XX Never Married 2 Married		AS DECEDEN PRCES? 1	T EVER IN I	U.S. ARME 2 NO	ED	13.	WAS DEC	ENDENT C	F HISPAN	HC ORIGIN?	(Specify Yea	or No-	14. RACE Black.	- American Indian, White, etc.	
BY	3 Widowed 4 Divorced) IF	YES, GIVE W	AR OR DAT	TES				2 NO			,,		Specify	<i>y</i> :	
							1								WHITE	
E	15. DECEDENT' (Specify only highes		ed)		18e. DECE	kind of w	ork done		ON SI of working	10	16b.	KIND OF BUS	SINESS/INDU	USTRY		
9	Elementary/Secondary (0-12)	Colle	ge (1-4 or 5 +	-)		o NOT use										
M	12				L	ABOI	RER				TA	ANNERY				
COMPLETED	17. FATHER'S NAME (First, Middle, La								18. MOTI			ddle, Meiden	Surname)			
BE	MICHAEL J. A	LEXAND	ER							INOR	RA KNO	TT		,		
0	19e. INFORMANT'S NAME (Type/Print	1)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co.					Code)						
F	RICHARD CARE	RICHARD CARFINE						10449 CARLYN RIDGE RD., DAMAS					S. MD	208	72	
	20a. METHOD OF DISPOSITION 1\(\subseteq\) Burlel 2 Cremetion 3			20b. P	PLACEAN						DATE	_	CATION C			
			m State	RO	SEDA	tory or oth	er place)	TERY	7		12/2					
		4 Donation 5 Other (Specify)						_	O ADDRE	SS OF FA		111	11110	INSBURG, WV		
	~ 10.1	40		BROWN FUNERAL HOME, 327					W. F	ST.						
	Marie	. 13	wa	PO BOX 821, MARTINSBURG, WV												
	23. PART I. Enter the disease	, or complic	etione the	coused t	seused the death. Do not antar the mode of dying, such as cerdiec or resolvatory except						et,	Approximate				
- 1	ehock, or haert fa	llure. Liet on	iy ona cau	se on eac	ch iina.										Interval Between Onset and Death	
	disease or condition	1	VI 7 +	-1 - T		_										
Н	resulting in deeth)	a1	Multip	OR AS A C	CONSEQUE	ENCE OF	1.								15 hours	
-		- 0														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	DUE TO	(OR AS A C	CONSEQUE	ENCE OF)	:									
¥ I	cause. Enter UNDERLYING															
F	CAUSE (Disease or injury that initiated evente	c	DUE TO	(OR AS A C	CONSEQUE	ENCE OF)	:									
F	resulting in deeth) LAST															
S		d													1	
	PART II. Other significant con	ditions conti	ributing to	death but	t not ree	ulting ir	the un	darlying	cause g	lven in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS	
EDICAL												PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
											_	1 1 165 2	M WO		OF DEATH?	
Σ	DID TOBACCO USE CO	THERTIA	E TO CA	LISE OF	DEATL	J VE		10 T	LINIC	EDTAIN					1 YES 2 NO	
A I	25. WAS CASE REFERRED TO MEON		LIOCA		8. PLACE C				UNC	CKIAII	4 L					
PHYSICIAN:	EXAMINER?	HOS	PITAL:			1.2	OTHER	t:								
₹	1 YES 2 NO 27. MANNER OF DEATN		patient 2							sidence	6 Other					
	1 Natural 5 Pending		Month, Di	ny, Yeer)	2	INJU	RY		RK?			RIBE NOW II				
₩ I	2 K Accident Investig	ition De	ecember			11:2		1 🗌 Y		X NO	Throw	n from	vehicl	.e		
	3 Suicide 6 Could n	Of De	Be. PLACE Of building,	F INJURY — atc. (Specify	– Al home,	, ferm, st	reet, fect	ory, office			28f. LOCAT	ION (Street e Town, Stete)	nd Number o	or Runal Ro	ute Number,	
Ĕ I	4 Nomicide determin	ate 70)								-381	mile:	marker west			
ا ۾	29e. CERTIFIER (Check only 1 CERTIFYING	dge, death	occurred	at the ti	me, date	end place	end due	to the coup	e(e) and man	ner es etete	4					
COMPLETED													end menner as stated.			
8									- piace, ein	a dde to the	Cause(e)	end menter as stated.				
H H	296. SIGNATURE AND TITLE OF CEL	gim			l	29c. LICE	NSE NUM	IBER				Month, Day, Year)				
2	- curer	_				DO)1062			Dec	ember	23, 1996				
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT															
	Edward W. Ditto,	LLL, M.I) . 2	17 W.	Washi	ngto	n St.	ŀ	lagers	stown,	, MD 2	21740				
	31. DATE FILED (Month, Day, Year)	32	. REGISTRA													
	JAN 1 0 100	7	1 1. K	- Magn	6		-									
				-	- 1	Sec.										

TO THE HOSPITAL OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OF ALTERIORS PHYSICIAN: The law requires that the death certificate be executed with the FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DNMN-16 Rev 1/89

DACTIMORE, MARYLAND 21215-0020	in remove that the face of may be mained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ID THE HIGHTON BHYSICIAN: The law requires that the death certificate be executed within sensor and death. Read in the mained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HE			YGIENE			,	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEATN	
	JULIUS	PERG				НТИОМ	7 LI	199	EAR	130 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E			BIRTH	PLACE (State or Foreign	
	100-16-0917 9e. FACILITY NAME (If not Institution, give stre	1 M 2 F 8.	5 YRS.	9b. CITY, TOWN OF	HOURS MIN.	Dec. 2	20,19		Country	ria	
E C					ROCKVII			MON		OMERY	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			TOWN OR LOCATION							
DIRECTOR	Maryland Montgo	mery		cville	ON					10d. INSIDE CITY LIMITS? 1 VES 2 NO	
AL	10e. STREET AND NUMBER			101,	ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?	
FUNERAL	6121 Montrose Road				0852				S.A		
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECE	NDENT OF HISPAI	NIC ORIGIN? (S	pecify Yes o	or No- 14	RACE Bleck	- American Indian, White, etc.	
B⊀	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES 2	NO Specif	y		- 1	Specifi	White	
ED	15. DECEDENT'S EDUCA	ITION	18a. DECEDENT'S U	SUAL OCCUPATION	1	16b. KIN	ID OF BUSI	NESS/INDUS	TRY		
COMPLET	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during most retired.)	of working						
MP		4	Accountar	it		Reta	ail S	tores			
	17. FATNER'S NAME (First, Middle, Last)		18. MOTNER'S NAME (First, Middle Seifert Unk								
BE	Adolf Berg 19s. INFORMANT'S NAME (Type/Print)										
2	Joanne Brodsky/Dau	abtor		vick Cou				State, Zip Co 0854	ide)		
	20s. METNOD OF DISPOSITION	1 600	PLACEANDDATEOF			DATE		ATION - CIT	on Tou		
	197 Buriel 2 Cremetion 3 Steman 4 Donetion 5 Other (Special)	from State Ceme	ntery, cremetory or othern David	Memoria	1 Gardeı	ns12/2	Fal	ls Ch	urc	h. Va.	
	21. SIGNATURE OF FUNERAL SERVICE LICES			22 NAME AND	ADDRESS OF EA	CILITY					
	Stown	A Vinda			earson l Washing				L	ah Va	
	23. PART i. Enter the Ilseesea, or co	mplications that caused	the deeth. Do no							Approximata	
	ahock, or heert fellure. Li IMMEDIATE CAUSE (Final Utecae or condition resulting in death) a.	Demente	ch ilne.							Interval Between Onset and Death 5 YEARS	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other aignificent conditiona	contributing to death bu	it not resulting in	the underlying	cause given in	Part i. 24a	PERFORM	ED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?	
X	DID TODA CCO LICE CONTENT					`				T WES 250 NO	
AN	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH		UNCERTAIN	N L					
S	EXAMINER?	QTAER:			_						
H	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa 28s. DATE OF INJURY	28b, TIME		5 Residence	8 Other (Sp.		ILIEN OCCUE	ED		
	1 Natural 5 Pending	(Month, Day, Year)	INJUI	M 1 YE	K?	200. DESCRIE	JE NOW IN	JOHN OCCUP	IEU		
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	At home, ferm, str	eet, factory, office		281. LOCATIO	N (Street en	d Number or	Rural Ro	oute Number,	
TED	4 Homicide determined	building, atc. (Specia	· //			City or To	wn, State)				
	294. CERTIFIER 1 CERTIFYING PHYSICIA	nd place, and due	to the cause(a)	and mann	er sa stated.						
COMPLET		On the basis of examination							ause(a)	and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	17+ 1.	01.		296. LICENSE NUN	MBER / /	T	29d. DATE S	IGNED (Month, Day, Year)	
	Made in	HIllendi	ing they	Sican.	D 180	84		DE	CEI	1BER 24,1986	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	MONTROSE Rd, Rockville MD 20852								
	31. DATE SLEP (400 to 1997	Bayregiathan's signayare									

•

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					State	n iviai yia		rtificate of	Death	vientai my	Reg. No.	96	40882
	Dhorde		1. Decedent's Nama (First,	Middla, La	st)					2. Deta of De Month	aath	Year	3. Tima of Death
	Physic /Medi		FRANCES	F.	INKEL						er 28,		6:00 AM
3	Exami		4e. Facility Nama (If not ins	itution, giv	a s <i>treet</i> and nu	mber)			4b. City, Town, or L	ocation of Deal	h 4c. County	y of Death	
			Suburban Hos	pital					Bethsda		Mont	tgome	ry
	Funeral		5. Social Security Number	6. S	ax □M 2√F	7. Age (In yrs	s. last birthdey)	If Under 1 Year Months Days		6. Dete of Bi (Month, Di	rth ay, Year)	9. Birthr	place (State or Foreign ntry)
	Director		579-03-2216			83	Yrs.				9, 1913		
	and and		Usual Residence of Daceda 10a. Stata 10b. C			10c. C	City, Town or Lo	ocation				T.	10d. Inside City Limits
	f she	0		1000									1 GYes 2 □ No
	28.	Director	Maryland Mo	ntgor	nery	I	Rockvil	10f. Zip Code		T	10g. Citizen of	What Cour	ntry?
	3a or	ō	11400 Strand	Deda				20852					,
	Herra 2	Funeral	11. Maritel Stetus	_ חדדו	12. Was Dec	edant Evar in	U,S. 13.		Hispanic Origin? (Speen, Mexican, Puarto	pecify Yaa or No	U.S.A.	ce - Amaric	can Indian,
0	x hs	F	1 Navar Married 2	Marriad	Armed Fo	2 KNo				Rican, etc.)		ck, Whita,	etc.
05	ours :	by	3 √Widowed 4 □ Div	orced	If Yas, Gi	ve atas:		1□ Yas 2⊡ _X No	Specify:		Specif		ite
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hygiene. Item 27 is marked other then "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examination mail be nutrised at	Completed	15. Dec	edant'a Ed	iucation ide completed)		18a. Dece	dant's Uauai Occup	pation during most of work	kina	16b. Kind of B		
121	ig o	npi	Elementary/Secondary (0		Collega (1-4or 5+)	lifa.	DO NOT usa ratira	during most of work id)	9	Retail	Liqu	or Store
2	nt. In	S			Year .		Sale	s Person					
	tal H of oth	Be	17. Fether's Neme (First, M	ddie, Last)					18. Mothar's Nam	na (First, Middle	, Maiden Sumer	ne)	
2	should be and Mental I marked of	To	Morris Jablo				T			(Unkno			
Mai	12 st h and h ls m reum		19a, Informent's Neme/Rai						t end Number or Ru				
e,	Healt Healt Her ther		Dr. Melvin K 20a. Mathod of Disposition	ogod,	Nepher			HOLLY H:	ill Place	, Potom	ac, Mary		
Baltimore,	H H		1 ☑ Burlal 2 ☐ Crame				cemetery, cra	metory or other pla	12/29				300, 47,000
音	rtant		4 Donetion 5 Oth 21. Signature of Funaral Se			Mo		banon Cer	netery		Adelph:	i, Ma	ryland
Ba	permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any Injury or other tra BBSs.			-	A .		S	2. Nama end Addre TEIN HEB	REW MEMOR	IAL FUN	ERAL HON	ME, I	NC.
7			Yomald.	- 1	Litotti	lenye	2 2	32 CARRO	LL STREET	N.W.,	WASHING	GTON,	D.C. 2001
			23a. Part1. Enter the disee shock, or haart failure	List only	ona cause on e	ech li	etn. Do not an	ar tha moda or dyi	ng, such es cardiec	or respiretory e	errest,		Approximate Interval Between Onset and Death
Ĵ	Physician /Medical		Immediata Causa (Final			11. 10							H Ann
	Examiner		diseasa or condition resulting in deeth)		e. Methic				ooral phe	umunia			1 delps
		Je.				Due to	(or as a conse	quance or):				1	
	ficate be executed physician and is the bunal-transit	Examiner	Sequentially list conditions		b	Dua to	or as a consec	consequence of):					
o,	an ar		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury					, ,				i	
68760,	ficate be executed physician and as the bunal-transit	edicai	that initiated evants rasulting in daath) Last	5	C	Dua to (or as a consec	juence of):					
Ø				L	d								
Вох	equires that the death certified is signed by the attending duid be detached for use a	Physician/M			u	-						-	
P.O.	the a	ysic	Part II. Other significant co	nditions o	ontributing to de	eath but not re	sulting In tha u	nderlyIng causa gi	ven in Part I.	23b. Did	tobacco usa co	intributs to	o the causs of death?
0	that the ed by detac	F								10	Yes 2 No	3 Pro	bably 4 Unknown
ecords,	equires that	d by								24a. Was	an autopsy	24b. W	are autopsy findings
00	10 th	lete									ormed?	00	vellabla prior to empletion of cause death?
Be	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Completed								40	Vac Alla		
É	0 4 4		25. Was casa rafarred to m	dical					OC Diseased Dass		Yea 2 No	10	Yas 2000
3	1 8 E	To Be	exeminer?	Joiour	Hospital:	npatient 2	☐ ER/Outpatier	nt 3 DOA Oti	26. Placa of Dea		ona) Idence 6 ⊟Oth	har (Snack	6/1
O	6.0		27. Manner of Death		28a. Data	of Injury	26b. Tima o				how Injury occur		77
io	and the second s	28a. Date of Injury 28b. Time of Injury 28c. Injury at Work? 2											
Division	or Attend after death Director: /	tffc	3 ☐ Suicide 6 ☐ C 4 ☐ Homlcida	ould not be etarmined	28a. Place	of Injury - At I		aat, factory, office		28f. Location (Street and Numi	ber or Rum	al Routa Number,
ā	tal or A rs after al Direction ed in to	Cer			Dungi	rig, atc. (Opec	···y/			Ony on to	W11, O1010)		
	To the Hospital or within 24 hours after To the Funeral Dis completely filled in	edical	29a. Certifier 1 Certifier (Check only one) 1 Certifier 2 Mar	tifying Phylical Exam	niner: On the bi	best of my kn asis of axamin ner stated.	owiedge, daet etion end/or In	n occurred at the ti vastigation, in my	me, deta end plece, opinion, daeth occur	and dua to the red at the tima,	causa(s) and m data end piece,	anner as s and dua to	itated. o tha cause(a)
(vithin o the ompl	Me	29b. Signeture and titla of co	ertifiar			^	29c. Licens	se number		29d. Dete signe	ed (Month,	Day, Year)
			De a Olo	n G	Mine	12 2	m D	P6 -	7147		12/2	8/96	
			30. Nama and address of pe	rson who	complated caus	of death (Ite	m 23a) (Type,	Print)					
			Allen A. Nir	netz,	M.D.,	5401 W	estern	Avenue,	N.W., Was	hington	, D.C.	2001	5-2998
	Sta		31. Data filed (Month, Day,	(aar)		legistrar's Sign		. 1					
	Registr	ar	JAN 1 0	1997	Cu	a variase	n-Rande	5K-0					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAH		CI	EKIIF	ICAL	= OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATH	
	PEARL E. GO	LDHAGEN						Decem	DA		1996	7:30 A.	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH			1PLACE (State or Foreign	
	577-09-9537	1 M 2 X F	86	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, E	Pay, Year)	1010	Count	nv)	
	9a. FACILITY NAME (If not institution, give si	reet and number	00	-501	06 0170	TOMAN	OR LOCATION OF D	Jan.	Z1, I	1910	Peni	nsylvania	
œ		red and number						EATH		9c. COL	JNTY OF D	PEATH	
6	1509 Korth Place				Sil	ver	Spring			Mor	itgon	nery	
E C	10a. STATE 10b. COUNTY	,		100 CIT	Y, TOWN C	20.1004	TION						
<u>=</u>												10d. INSIDE CITY LIMITS?	
FUNERAL DIRECTOR	Maryland Monte	omery		Sil	ver	-						1 YES 2 NO	
Z	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CIT	TIZEN OF V	WHAT COUNTRY?	
	1509 Korth Place						20902			11.5	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT			13.	WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	Specify Yea			E — American Indian.	
	1 Never Married 2 Married	FORCES? 1	YES 2 1	NO		l1 yes, sp	ecify Cuban, Maxic	an, Puerto Rice	en, etc.)			E — American Indian, k, White, etc.	
ΒX	3 Widowed 4 Divorced	WWII - A			_	1 📙 163	2 ND Speci	ny:			Speci	SpecMy: White	
9	15. DECEDENT'S EDUC	CATION		CEDENT'S	USUAL O	CCUPATIO	ON	16h KI	ND OF BUS	INESS/IN	OLISTINA	WILLE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(G	he kind of a	work done	during mo	est of working	100	ь. КІМО OF BUSINESS/INDUSTRY ational Institut			to Of	
2	12 Years	College (1-4 or 5+)		retar	***			Health				ice of	
Ξ	17. FATHER'S NAME (First, Middle, Last)		Dec.	ccai	. у	_							
							16. MOTHER'S NA			,	me)		
D 1	Meyer Eisenberg						Hannah	Felbe	rbaun				
2	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street a	and Number or Rural	Route Number,	City or Town	rn, State, Zip Code)			
-	Paul E. Goldhagen		163	ew Vo	vers	lde	Drive, York 1	Apartm	ent 8				
	20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOS	ITION /No	rme of	DATE			City or To	own. State	
	1 Donation 5 Other (Specify)	oval from State	cemetery, cre	matory or o	ther place)	· · · · · · · · · · · · · · · · · · ·	12/30	/1996					
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE/	State commetery, cremetery or other place) 12/30/1996 Alexandria.							1a,	virginia		
	73	1			ST	EIN	HEBREW	MEMORI	AL FU	NER/	T HO	ME, INC.	
	Duya	STEIN HEBREW MEMORIAL FUNERAL HOU 232 CARROLL STREET, N. W WASHINGTON, D.C. 20012-2095											
	23. PART t. Enter the dispases, or c	omplications that	caused tha de	ath. Do r	Dt enter	tha mo	da of dying, suc	h as cardle	or resol	ratory er	rest.	Approximata	
	snock, or tigart failure.	List Dnly one caus	e on each line	tha death. Do not enter tha moda of dying, such as care th line.						Story at		interval Between	
	iMMEDIATE CAUSE (Final disease or condition	1000		0 1	-	-	1				,	Onset and Death	
	resulting in death)	MEN	3787C	اح	01 (MG	とってよ					Byrs	
		DUE TO (OR AS A CONSEC	DUENCE OF	F):		·			- 0			
5	Sequentially list conditions,	λ											
ξl	if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF	F):								
3	CAUSE (Disease or Injury												
HIFICALION	that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF	F):								
	resulting in death) LAST	l											
5	DADT II Other elections are mil		4 41 4										
į	PART II. Other significent conditions	contributing to c	aath but not r	esulting	n tha un	derlying	g cause given in	Part i. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
25								1	YES 2	~		COMPLETION OF CAUSE	
U										7		OF DEATH?	
Ξ.	DID TOBACCO USE CONTR	PIBLITE TO CAL	ISE OF DEA	TH VE	SIL	NO IP	LINICEDTAL					1 TES 2 NO	
2	25. WAS CASE REFERRED TO MEDICAL	LOIL TO CAL		E OF DEAT			UNCERTAI						
H SICIAN:	EXAMINER?	HOSPITAL:			OTHER								
2	1 TYES 2 NO	1 Inpetient 2		□ DOA	4 🗆 Nun	ing Hom	e 5 Residence	8 🗆 Other (S	pecify)				
E	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		28b, TIM	E OF URY	28c. INJ WO	URY AT	28d. DESCR	IBE HOW IN	JURY OC	CURED		
-11	Natural 5 Pending 2 Accident Investigation				М		rES 2 ND						
	3 Suicide 8 Could not be	28e. PLACE OF	INJURY A1 hor	me, farm, s	treet, facto	ory, office		281, LOCATIO	ON (Street a	nd Number	r or Rural R	loute Number,	
	4 Homicide determined	building, e	io (opecity)					City or 1	own, State)				
	29e. CERTIFIER	MAN. To at a											
	(Gheck only												
COMPLE	2 MEDICAL EXAMINER	t: On the baels of exe	mination and/or i	rivestigatio	n, In my o	pinion, d	eath occured at the	1ime, date en	d place, and	dua to th	ne cause(e) end menner ee stated.	
	396 SIGNATURE AND THE OF CERTIFIER	mo		29c. LICENSE NUMBER 29d. DATE SIONED (Month, D					(Month, Day, Year)				
	DIVIN.						D7.G.	UMBER 29d. DATE SIGNED (Month, Day, 1996) 10 75					
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	(ITEM 27) (Type, Print) 9707 Medical Center Drive, Suite #3					1110				
	PLAREN 1/ R.	ccia h	27	, (1900,	97	0 / N	Medical (Center	Driv	re, S	uite	#300	
	4, 30	CCIA	7	Rockville, Maryland 20850									
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	EGISTRAR'S SIGNATURE										
	IAN 1 0 1007	11.1	And Bred	.00									

TO THE HOSPITAL OR AT EXILOR FINANCE THE law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. And the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BACTIMORE, MARYLAND 21215-0020

DIVISION ON VITAL RECORDS, P.O. BOX 68760

A.I.

State of Maryland / Department of Health and Mental Hygiene

40884 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** Month Yaer ANTHONY A. NOWAKOWSKI 3 1 6:30P /Medical 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner MERIDIAN NURSING CENTER DUNDALK BALTO. 8. Date of Birth 1 (Month, Day, Xear) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthpleca (Stete or Foreign Country) **Funeral** Hours Days 1 XM 2 □ F 212-01-0573 84 Yes Director MARYLAND Usual Residence of Decedent the Mandan 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ♥ Yes 2 □ No Director 28a-f N/A BALTIMORE MD. 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ms 23a or 7 21224 USA 809 S. DECKER AVENUE Funerai death ed other than "natural", or items : event, the Medical Examiner mu 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. filed within 72 hours after 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2X No If Yes, Give Yeer or Detas: Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: ģ 3 ☐ Widowed 4 ☐ Divorced Specify: WHITE Completed 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Hygiene. BARTENDER AM. JOE'S 8 YEARS 17. Fathar's Neme (First, Middia, Last) 18. Mother's Neme (First, Middle, Meidan Sumama) ges 1 and 2 should be it of Health and Mental VINCENT NOWAKOWSKI MARY 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) of Health 809 S. DECKER AVE. BALTO. MD. 21224 MRS. MARIE NOWAKOWSKI ore, 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State N Burial 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) 8 SACRED HEART OF MARY 1-4-97 BALTO. CO. MD. Signeture of Funerei Service Licenses 22. Name and Address of Facility
KACZOROWSKI FUNERAL HOME 23a. Part1. Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errast, shock, or heart feiture. List only one cause on each lina. BALTO. MD. Approximata Intervei Between Onset and Deeth **Physician** PNEUMONIA. /Medical Immediete Ceuse (Fine) disease or condition rasulting in daath) **Examiner** Examiner physician and s the bunal-transit The law requires that the death certificate be executed Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in death) Lest Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequence of) USO as attending | signed by the a Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to Completed 24a. Wes an autopsy performed? D880 completion of cause of death? certificate has 2000 1 Yas 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: Affer this cardifica completely filled in by the funeral director. Be 25. Was casa referred to medical 26. Placa of Deeth (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred 28a. Deta of injury (Month, Dey Year) 28b. Tima of Certification: 1 Naturel 5 Pending invastigation 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(s) and manner_stated. 29e. Certifier Medical (Check only one) A 29b. Signature and title of certifier 290 License number 29d. Date signed (Month, Day, Year) 31. Data filed (Month, Dey; Year) 32. Registrar's Signeture State Registrar

Funeral Director

permit. Peges 1 and 2 should be lifled within 72 hours effer death with the Maryland Department of Health end Mentel Hygiene. "Introcrant: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner mant be notified at sonce.

Physician /Medical Examiner

To the Hospital or Attending Physician: The lew requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the ettending physician and completely filled in by the luneral director, page 2 should be detached for use es the burial-transit

Division of Vital Records, P.O. Box 68760,

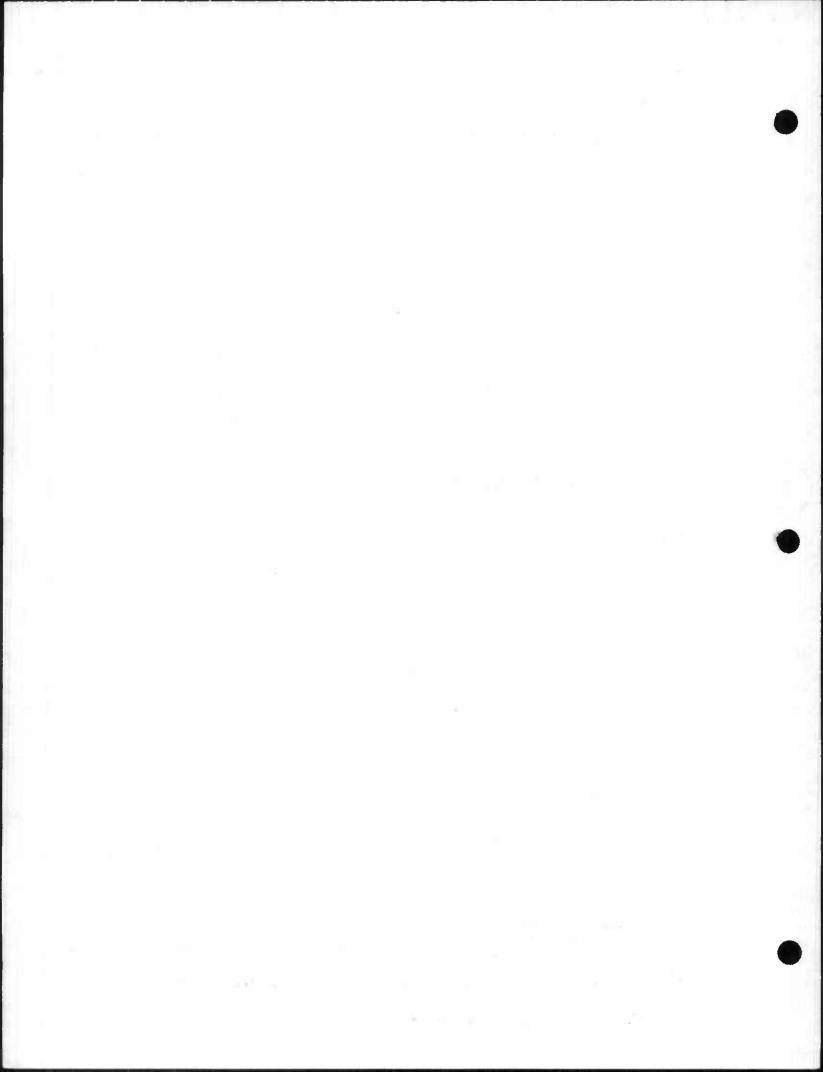
Baltymore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

				Certificate of	f Death		Reg. No.	16 L	10885				
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	2 GARSTON COUR	RT APARTM	ENT E		COCKEYS		BALT	IMORE	3				
	5. Social Security Number 6. S 405-42-3020 Usual Residence of Decedent	Sex 7. Age	(In yrs. last bir	rthday) if Under 1 Yea Yrs. Months Day		. (Month, De	th ly, Yeer)), 1935		aca (Stata or Foreign y) tucky				
tor	10a. Stata 10b. County	altimore	10c. City, Tow		ockeysv	ille		100	d. Inside City Limits 1 ☐ Yes 2 No				
Director	10e. Street and Number			10f. Zlp Code		Ĭ	10g. Citizen of	What Countr	ry?				
<u>a</u>	2 Garston Cour	rt, Apt.	E		21030	-3618	U	JSA					
Funeral	11. Marital Status	12. Was Decedent E Armed Forces?	ver in U,S.	13. Was Decedent of If Yes, specify Cu	f Hispanic Origin? (Specify Yes or No	14. Rac	ce - Americe					
by Fu	1 ☐ Navar Married 2 ☐ Married	1 ToYas 2 □ N	0	1 ☐ Yes 2 ☑ N		, , , , , , , , , , , , , , , , , , , ,	Specif		10.				
B	3 Widowed 4 Divorced	Year or Dates:		A				Whi					
lete	15. Decedent's Ed (Specify only highest gra	da completed)	16a.	Decedent's Usual Occ (Give kind of work don life. DO NOT use retii	upation se during most of wo	orking	16b. Kind of B	usiness/indu	ustry				
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Be c			. In		TO. MOTHER'S IN								
2	Aaron 19a. Informant's Neme/Relationship (M. Smit		. Mailing Address (Stree	et and Number or F	Columb		thur	Code I				
									0249				
	Joseph David Smith / Brother 1385 Rose Pointe Dr. Loganville, GA 20a. Melhod of Disposition 20b. Place of Disposition (Name of Date 20c. Logation - City												
	1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State cemetery, crematory or other place)												
-	4 Donation 5 Other (Specify) Metro Crematory, Inc. 01/07/97 Baltimore, MD 21. Signature of Emeral Service Licenses												
	Cremation Society of Md., Inc. George E. MacNabb 299 Frederick Road Baltimore, 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, Immediate Cause (Final disease or condition Contact Guard Shot would be head												
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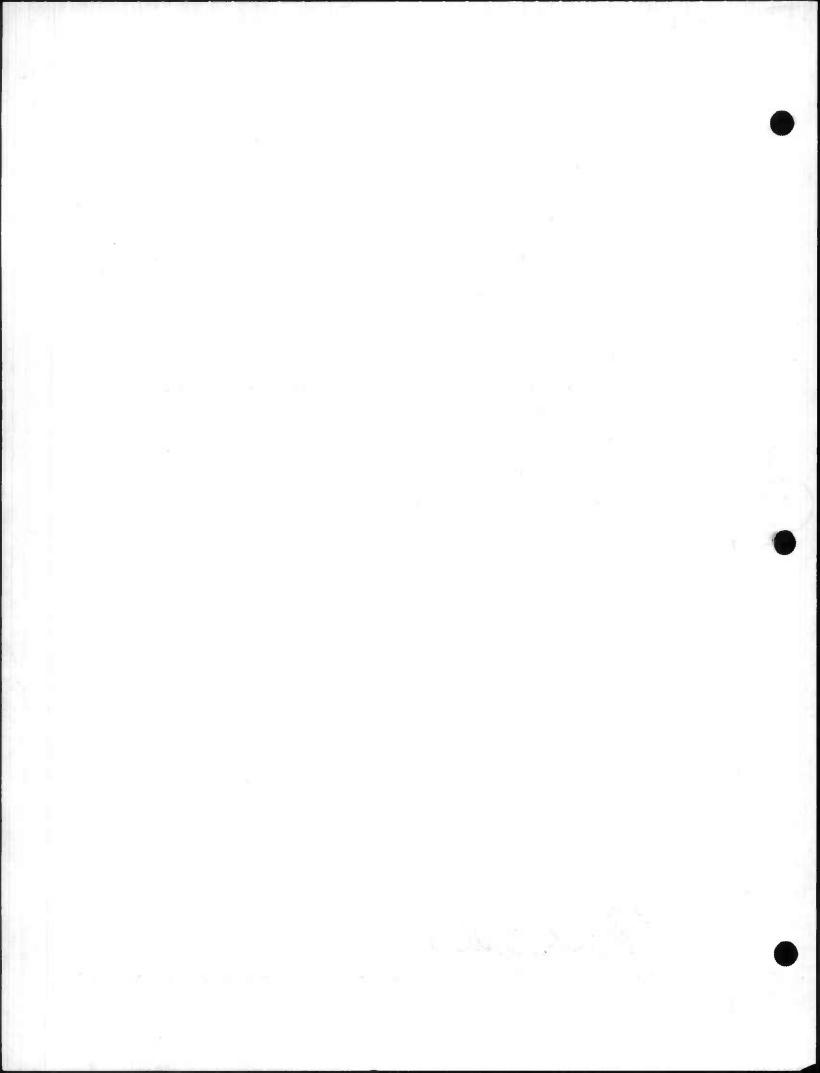
State Registrar

32. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene

					maryia	Ce			Death	Wientan 11	Reg. No.	96	40886
	Physic	ian	1. Decedent's Name (First, Middle, Las	it)						2. Date of D	Day	Year	3. Time of Death
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Н	Funeral		5. Social Security Number 6. S		ROAD . Age (In vrs	. lest birthday)	If Under	1 Year	BALTII		N A	_	lece (Stete or Foreign
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21215-0020	n 72 hours efter deeth with the Manylend "natural", or frems 23a or 28s-f show edical Examiner must be notified at	by Funeral Director	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Deced Armed Forc 1 ☐ Yes 2 if Yes, Give Year or Date	es? VD No		Was Deced f Yes, spec 1 ☐ Yes		ispénic Origin? (S en, Mexican, Puerl Specify:	pecify Yes or N to Rican, etc.)	5 Specify	e-America ck, White, o	an Indian, etc.
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on of Vital	ng Physician: The la ther this certificate ha meral director, page	2	27. Menner of Death	Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home Are Residence 6 ☐ Other (S) 28a. Dete of Injury (Month, Dey Year) 28b. Time of Injury Are (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred 1 ☐ Other (S))			
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	2)		J Laron Locke	ompleted cause of					, Balti	imore			
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	Sta Registr		JAN 1 0 1997	guia Du									



State of Maryland / Department of Health and Mental Hygiene 40887 Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Dete of Deeth **Physician** Month Voer JOHN HOWARD SCHULTHEIS.SR. 31, 12:45PM DECEMBER 1996 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 4614 COLLEGE AVENUE BALTIMORE BALTIMORE If Under 1 Year If Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthpleca (Stete or Foreign Country) **Funeral** Months Deys Hours 1 € M 2 🗆 F Yrs 215-07-3023 76 Director JUNE 19,1920 BALTÍMORE Usuel Residence of Decedent the Meryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at MD t ☐ Yes 2☐ No Director BALTIMORE BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 4614 COLLEGE AVENUE 238 21229 U.S.A. Funeral |Herms 12. Wes Decedent Ever In U,S. Armed Forces? 14. Rece - American Indien, Bleck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 72 hours after 1 Never Merried Married 1 Yes 2 No If Yes, Give Yeer or Dates: natural, or 1 ☐ Yes 2 ☑ No Specify: WHITE WW II Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 end 2 shouid be filed within : Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "n any injury or other traumatic event, in Med Elementery/Secondery (0-12) College (1-4or 5+) Machinist 11TH GRADE CONTINENTAL CAN 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be WALTER DAVID SCHULTHEIS MILDRED EMILY GRAY 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JANET ARMSTRONG (DAUGHTER) 4614 COLLEGE AVENUE-BALTIMORE, MD 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 □xBuriel 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Garrison Forest Vets Cem 1/6/97 Owings Mills, Md 21. Signeture of Funeral Service Lighner 22. Neme end Address of Fecility HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) Examiner Due to (or as a consequence of): Physician/Medical Examiner Lange burial-transit that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest and physicien a Due to (or es e consequence of): 98 use for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. the 23b. Did tobacco use contribute to the cause of death? 6 1 Yes 2 No 3 Probably 4 Unknown signed t by 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24e. Wes an eutopsy performed? Completed peen has page 2 1 Yes 2 No 1 TVes 2 No 25. Was case referred to midical exeminer? Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home To 1 Yes 1 Inpatient 2 ER/Outpetient 3 DOA 5 Desidenca 6 ☐Other (Specify) funeral 27 Menner Deeth Dete of tnjury (Month, Dey Year) he Hospital or Attending Pin 24 hours after death.

The Funeral Director: After the pletely filled in by the funeral Certification: 28c. Injury at Work? 28d. Describe how injury occurred After 1 Maturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pteca of tnjury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner as stated.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end menner stated. 29e. Certifier Medical (Check only one) the within To the 29c. License number 29d. Dete signed (Month, Day, Year) 30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)

Baltimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.

Registrar

PLANTHOLT - 3449 WILKENS AVENUE - SUITE #207 - BALTIMORE, MD 21229 31. Date fited (Month, Day, Year) JAN 1 0 1997

STEPHEN J.

State of Maryland / Department of Health and Mental Hygiene 40888 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Day SOPHIA DOROTHEA VASSALLO DEC 31 1996 1725 pm /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** NATIONAL NAVAL MEDICAL CENTER BETHESDA MD MONTGOMERY If Under 1 Year if Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number 9. Birthplace (State or Foreign New York 7. Age (In yrs. last birthday) **Funeral** 1□M 2□XF Deys 076-18-1614 Yrs Director Usual Residence of Decedant with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits rai', or items 23a or 28a-f shore Examiner (mast be notified at Prince William Woodbridge Virginia 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 1414 Aiden Drive 22191 death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, apecify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Raca - American Indian, filed within 72 hours after (Hygiene, Black, White, etc. 1 Never Merried 25 Merried Baltimore, Maryland 21215-0020 "natural", or 1 Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Buainess/Industry Boro Coat & Apron Elementary/Secondary (0-12) 1 2 th College (1-4or 5+) Bookkeeper Company merked other permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If fem 27 is marked othe any Injury or other traumatic event, since. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Anna Koczmarak Michael Krawiec 19a. Informant'a Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 1414 Aiden Drive Woodbridge, VA 22191 Mr. Patrick J. Vassallo 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 XBurial 2 □ Cremetion 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Quantico National Cemetery 1/6/97 Triangle, Virginia Name and Address of Facility
Mountcastle Funeral Home 21. Signature of Funeral Harrice Lie 13318 Occoquan Road Woodbridge, VA 22191 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical tmmediata Causa (Final METASTATIC CARCINOMA 24hrs diseese or condition resulting in death) Examiner Due to (or as a consequence of): Examin physiclan and s the burial-transit requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as a consequence of): attending pt for use as t signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware sutopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed page 2 s certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: 25. Was case referred to medical examinar? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☑ No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After 5 Pending 1 Natural Hospital or Attending 24 hours after death. Funeral Director: Aft 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stata) 4 ☐ Homlcide 24 hours a 29a. Cartifier 1 🖄 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated. Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) DUNNE, LT, MC, USNR WI 32658 JAN 02, 1997 4 mine Me, GSUR 30. Name and address of person who complated causa of death (Itam 23a) (Type, Print) LT AMES DUNNE, MC, USNR NNMC BETHESDA, BETHESDA, MD 20889

State Registrar 31. Date filed (Month, Dey, Yaar)

JAN 1 0 1997



State of Maryland / Department of Health and Mental Hygiene

40889 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth **Physician** MILDRED WALKER 2304 DECEMBER /Medicai 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY 5. Sociel Security Number If Under 1 Yeer | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 7. Age (In yrs. last birthdey) **Funeral** 1 ☐ M 2 🛣 F Deys 75 Yrs. Director 210-03-4663 Feb. 8,1921 Maryland Usual Residence of Decedent r 28a-f show 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 No Director Silver Spring Maryland | Montgomery 10a Street and Number 10f. Zip Code 10g. Citizen of What Country? an "natural", or items 23a or Medical Examiner insit be 7 20906 #4 Marigold Ct. U.S.A. 11. Maritel Stetus Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U.S. Armed Forces?

1 Yes 24 No
If Yes, Give
Yeer or Detes: filed within 72 hours after 1 Never Married 2 Married Specify: White altimore, Maryland 21215-0020 1 Yes 2 No Specify: Completed by 3GWidowed 4 □ Divorced 15. Decedent's Education (Specify only highest grede completed) 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Own Home Homemaker 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be permit. Pages 1 and 2 should be I Department of Health and Mental I Important: if item 27 Is marked or any injury or other traumatic eve Herman Siegel Minnie Kraus 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 6408 Windermere Circle Rockville, Maryland 20852 Howard Walker/Son 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 DRemoval from State King David Mem. Gdr.s 1/3/97 Falls Church, Va. 4 Donation 5 Other (Specify) 21. Signeture of Funeral Service Mansee 22. Neme end Address of Fecility Ives-Pearson Funeral Homes 472 N. Washington St. Falls Church, Va. 22046 Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth Priysician disease or condition resulting in deeth) /Medical Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in deeth) Lest P.O. Box 68760, Physician/Medical Pert II. Other atgnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings evailable prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? 1 Yes 2 10 1 Yes 2 No Vital 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA Division of Pile 27. Menner of Deeth Date of Injury (Month, Dey Year) 28c. Injury et Work? cal Certification: 28d. Describe how injury occurred 5 Pending Investigation 1 Yes 2 No 2 Accident 2 or Attendation of Att 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide 12 Certifying Phystclen: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and manner as stated.
2 Medical Examtner: On the bests of exemination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end menner steted. 29a. Certifier (Check only 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Lune D15046 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Village Are Gorthers buy Mod 20879 STEPHEN J NEWMAN 19261 MON mery 32 Registrer's Signeture 31. Dete filed (Month, Dey, Year) State Sa Javidson JAN 1 0 1997 Registrar

Landa and a

ion who completed cause of deeth (Item 23a) (Type, Print)

32 Flygintrar's Signature Royal

111 Penn Street, Baltimore, Maryland 21201

Registrar

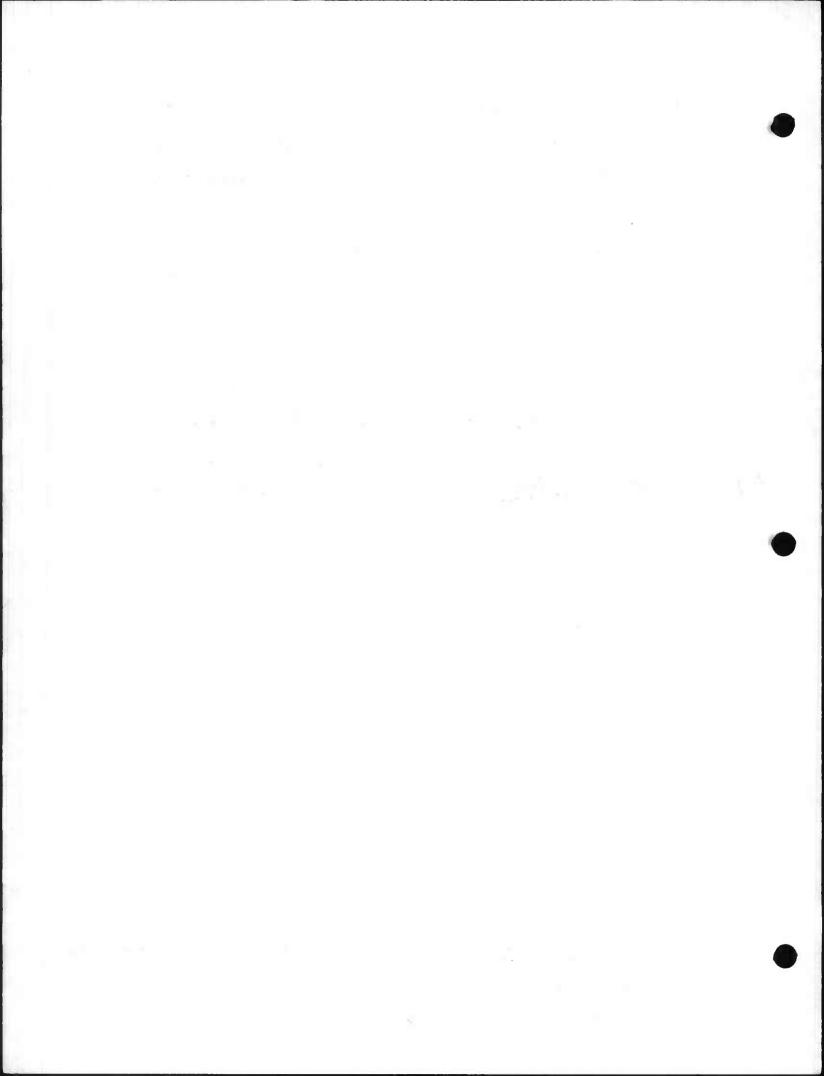
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30. Name and adds

JOHN EN SMIALEK M.D.

31. Date filed (Month, Dey, Year)

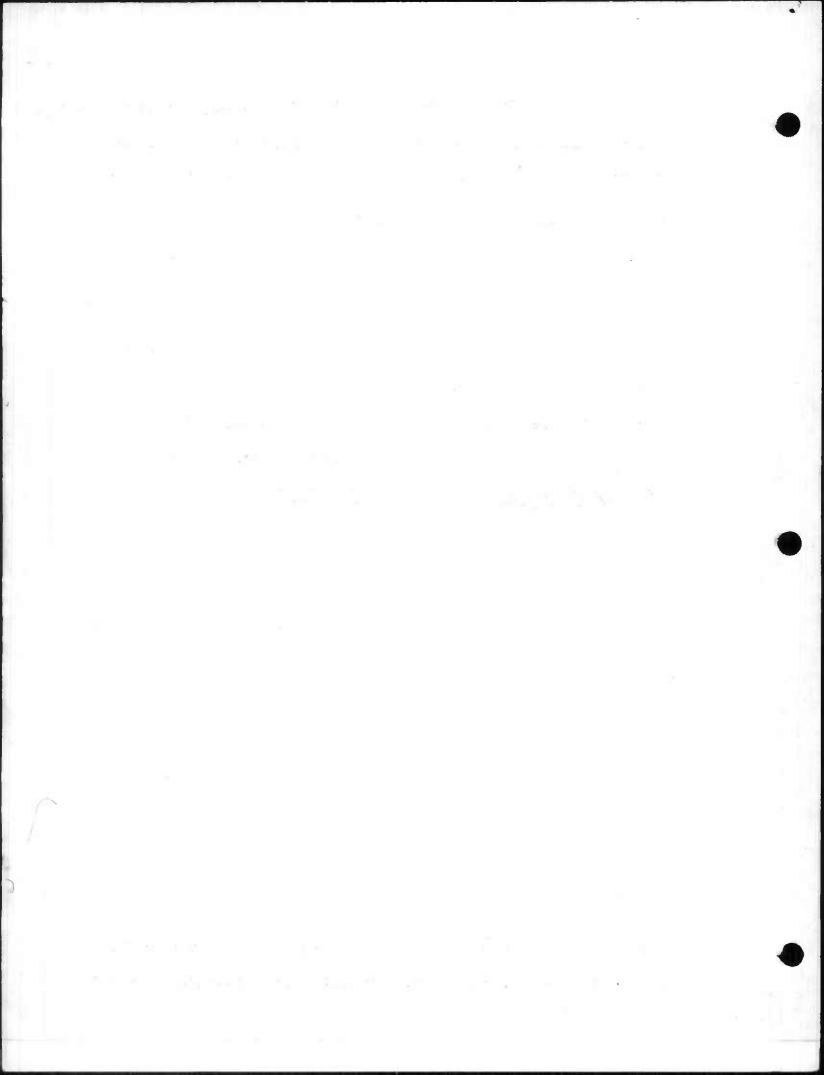
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ian ical ner		23a. Part1. Enter the disease, or cor shock, or heert failure. List only tmmediata Causa (Final disease or condition resulting in deeth)		ed the deeth. Do	not enter the m	ode of dyii	ng, such ee cerdia	c or respiretory a	rrest,		Approximate Intervel Between Onset end Deeth
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1911	Certification:	3 Suicide 6 Could not l	28e. Piece of in	jury - At home, fe tc. <i>(Specify)</i>	orm, street, fect	ory, office			Street and Number wn, Stete)	er or Rura	Route Number,
	edica	29e. Certifier 1 ✓ Certifying P (Check only one) 2 ☐ Medical Exa	hyelclan: To the best miner: On the basis of end menner s	of examineti <i>on</i> en	e, deeth occurra d/or invastigation	d at the tir on, in my o	ne, dete end plece pinion, deeth occe	e, end due to the urred at the time,	ceuse(s) and mai date end place, a	nner as at and due to	ated. the causa(s)
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State of Maryland / Department of Health and Mental Hygiene

40892

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State of Maryland / Department of Health and Mental Hygiene 40893 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Year **JOHN** CLIFFORD **ALEXANDER** DECEMBER 20, 1996 /Medical 1008 AM 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner SACRED HEART HOSPITAL CUMBERLAND ALLEGANY If Under 1 Year If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Deys MM 20F Yrs Director 220 10 1101 JULY 19, 1917 MASSACHUSETTS Usuel Residence of Decedent death with the Maryland 10e. State 10c. City, Town or Location 10b. County 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f sho traumstic event, me Medical Examine, must be notified at 1 Yes XX No MARYLAND ALLEGANY CRESAPTOWN Direct 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 15311 GREENLEAF DRIVE, SW 21502 U.S. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedeni of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Pages 1 and 2 should be filed within 72 hours after or nent of Health and Mental Hygiene. nt: If Nem 27 is marked other than "natural", or Nei M∏Yes 2 □ No If Yes, Give Year or Dates: WW II 1 Never Married 2 Merried 1 ☐ Yes 2 No Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) OFFICE - FACILITATOR GENERAL ELECTRIC 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be 2 RALPH ALEXANDER ETHEL THOMAS 19a. informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health ar Important: If Item 27 is any injury or other trau AMELIA ALEXANDER / WIFE 15311 GREENLEAF DRIVE, SW, CRESAPTOWN, MD 21502 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) THE CUMBERLAND CREMATORY 12/21/96 CUMBERLAND, MD 21502 21. Signeture of Funeral Service Licent 22. Name and Address of Fecilit SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532 and 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, nock, or heart feilure. List only one cause on each line. Approximate Intervat Between Onset and Death **Physician** /Medical tmmediate Cause (Final disease or condition resulting In deeth) 5 minutes Examiner Examiner 1 hour alla The law requires that the death certificate be executed attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last quence of) Division of Vital Records, P.O. Box 68760 10 years Physician/Medicai (or as a consequence of) 10 years signed by the a ld be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ should b 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of deeth? page 2 : 2 DANO 1 Yes 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: 24 hours after death.
Funeral Director: After this certifica Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 3 DOA 10 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient funarai 27. Manner of Death 28c. Injury et Work? 28a. Date of injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours at To the Funeral C completely filled 29a. Certifier Descritiving Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) Medical (Check only one) and manner steted___ 29b. Signature and title of certifies 29c. License number 29d. Date signed (Month, Day, Year) DECEMBER 20, 1996

State Registrar R. FELIPA, M.D. 925 BISHOP WALSH DRIVE, CUMBERLAND, MD 21502 32. Registrar's Sigratury

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

31. Dete filed (Month, Day, Year) DEC 3 0 1996

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State of Maryland / Department of Health and Mental Hygiene

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	ysici: Medic		1. Decedent's Name (First, Middla, La. Jeffery W.	Asht	on						2. Date of Dea		Year 96		ime of Death
	amin		4a. Facility Name (If not Institution, giv Peninsula Reg							wn, or Lo isbu	cation of Death		unty of Death i COMi		
Fun Dire	eral ector		220-90-1043	ax ☑M 2□F	7. Age (In yrs	. last birthday Yrs.	/ If Unda Months			24 Hrs. Min.	8. Data of Birth (Month, Day 3 – 09 –	Year) -75	9. Birth Cou Mary		Stata or Foreign
Manyland a-f show	Wedat	ctor	Usual Residence of Decedent 10a. State 10b. County MD Wicomic	20	10c. C	ity, Town or L	ocation Salist	ourv	,						ide City Limits
is 1 and 2 should be filed within 72 hours after death with the Maryland if them 27 is marked other than "natural", or items 23s or 28s-f show	her must be no	Funeral Director	10e. Street and Number 1022 Beaglin Par! 11. Marital Status	12. Was Dec		J,S. 13.	Was Dece	1804		igin? (Spe n, Puerto i	cify Yes or No-	USA 14.	Race - Amer Black, White	Ican Indi	ian,
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d 2 should be filed the and Mental Hygi	ic event, i	To Be Co	17. Father's Name (First, Middla, Last) Thomas Franklin		. Sr.		Sales	5	18. Mothe	er's Neme	(First, Middle,	Maiden Su	etail mame)		
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permit. Pages 1 and 2 Department of Haalth a Important: If item 27 is	any injury or other trai		Jo Ann E. Tarr-Mo 20e. Method of Disposition 1 Burial 2 Oremation 3 Department of Donation 5 Other (Specify	Ramoval from	State	Place of Disp cametary, cris 11sbu	osition (Ne amatory or o CY Cro	me of other photographic photog	ace) Ory ass of Facili	12 ty Hol	Date 2/30/96 Lloway I	Sal: Sal:	ishocy al Hom	own, Sta	PA
bhysician and attending physician and	in er the burial-transit	n/Medical Examiner	23a. Part1. Enter the disease, or compshock, or heart failure. List only immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. Gun	shot W Due to (f-infl Due to (Vound	nes							al Between t and Death	
death e atter	d for	icla	Part il. Other eignificant conditions of	antributing to de	eeth hut not red	culting in the	underhing	ALUSA O	han in Bad i		22h Did t	obacc c ue	a contribute i	to the or	ause of death
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aw requi	e 2 should t	Completed									24e. Was a perfor	an autopsy med?	a ^r	vailable	n of cause
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ding in.	ig	흥	1 ☐ Naturel 5 ☐ Pending investigation		th, Day Year) 8 – 96	155	Ом	W	ork? ⊈Yas 2.⊡	No	Self-	infli	icted		
To the Hospital or Attanding within 24 hours after death. To the Funeral Director: After	led in by the	Certification:	3 ☑ Suicide 6 ☐ Could not be determined	28e, Placa	ome, farm, s	treet factor	y, office	US13	N .	28f. Location (S City or Tow Salis	n. State)		ral Route	Number,	
e Hosp 124 hou	olataly fil	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and manner as death occurred at the time, date and place, and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(d manner as a ace, and due	steted. to the ca	iuse(s)	
Vithii To th	Loo	ž	29b. Signature and title of certifier	ture and title of certifier 29c, Licanse number 29d. Date signed (Mor							igned (Month	Day, Yo	ear)		
		D.M.E. D03599 12-28-96 30. Name endaddress of person who completed cause of death (Item 23a) (Type, Print)													
4			John T. Bulkel	Ley, M	.D.	108 P	ine E	31u:	EF Rd	. 5	Salisb	ury,	Md.	21	801
Po	Stat	e	31. Date filed (DEC 3 Ver) 996	Just I	ed watersign	mardall	L.,								

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Registrar

State of Maryland / Department of Health and Mental Hygiene

40895 Certificate of Death ent'a Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** terNo 24 2017 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SIEN If Under 24 Hrs. Age (In yrs. last birtidey) If Under 1 Yeer Burrie runde 6. Sex 1 M 2 □ F 5. Social Security Number Birthplece (State or Foreign Country) **Funeral** Months Days Yrs 142-30-4777 70 Director 11-12-1926 PHILIPPINES Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show must be notified at TEXAS HOWARD BIG SPRING Director 1 ☐ Yes 2☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 234 4006 VICKY STREET 79720 U.S.A. Funerai filed within 72 hours after death 12. Wes Decadent Ever in U,S Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, traumatic event, the Medical Examiner Black. White, etc. 1 ☐ Yes 2 🔯 No If Yes, Give Year or Dates: 1 Never Married 2 Married 21215-0020 ò 1 Ves 2 □ No Specify: FILIPINO þ Specify: FILIPINO 3 ☐ Widowed 4 ☐ Divorced "natural". Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry a other than Elementary/Secondery (0-12) College (1-4or 5+) ANESTHESIOLOGIST MEDICAL altimore. Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) h and Mental h Pagas 1 and 2 should be VICTORIA CAYETANO JUAN ALBANO 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) nt of Heelth a: If item 27 le BIG SPRING, TEXAS J. ALBANO (WIFE) 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 🖾 Cremation 3 ☐ Removel from Stete 12/27/96BELTSVILLE. MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) CHESAPEAKE CREMATORY 22. Name and Address of Facility SINGLETON FUNERAL HOME, 21. Signeture of Funeral SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 1 Do not enter the mode of dying, such as cardiac or respiratory errest, ofications that caused the death. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) MINUTES Examiner The law requires that the death certificate be axecuted tha burial-tran Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Bnd Due to (or as a consequence of) Box 68760, signed by the ettending physician d be deteched for use as the burie Physician/Medical Due to (or as a consequenca of): P.O. 1 Part II. Other algrificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 ☐ Unknown Division of Vital Records, Aq. 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Was en eutopsy performed? peen has cartificata 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Hospital: 1 ☐ Inpatient 2 → P/Outpatient 3 ☐ DOA 15 Yes 2 No 27. Menner of Deeth Other: 4 Nursing Home 10 5 ☐ Residenca 6 ☐ Other (Specify) this Certification: 28e. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Aftar 5 Pending investigetion Injury 837M 1 Natural daath. 1 ☐ Yes 2 No Wreck-2 Accident Dec 24 96 after daath illed in by tha 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homleide Odenton, MID within 24 hours a To the Funeral D complataly filled Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner stated. Medical 29b. Signature and title of certifier Deputy 29c. License number 29d. Date signed (Month, Dev. Year) Name end address of person who completed cause of deeth (Item 23a) (Type, Print) JONES, MD 31. Date filed (Month, Day, Year) 32. Registrar's Signature State who Davidso Registrar DEC 3 1 1996

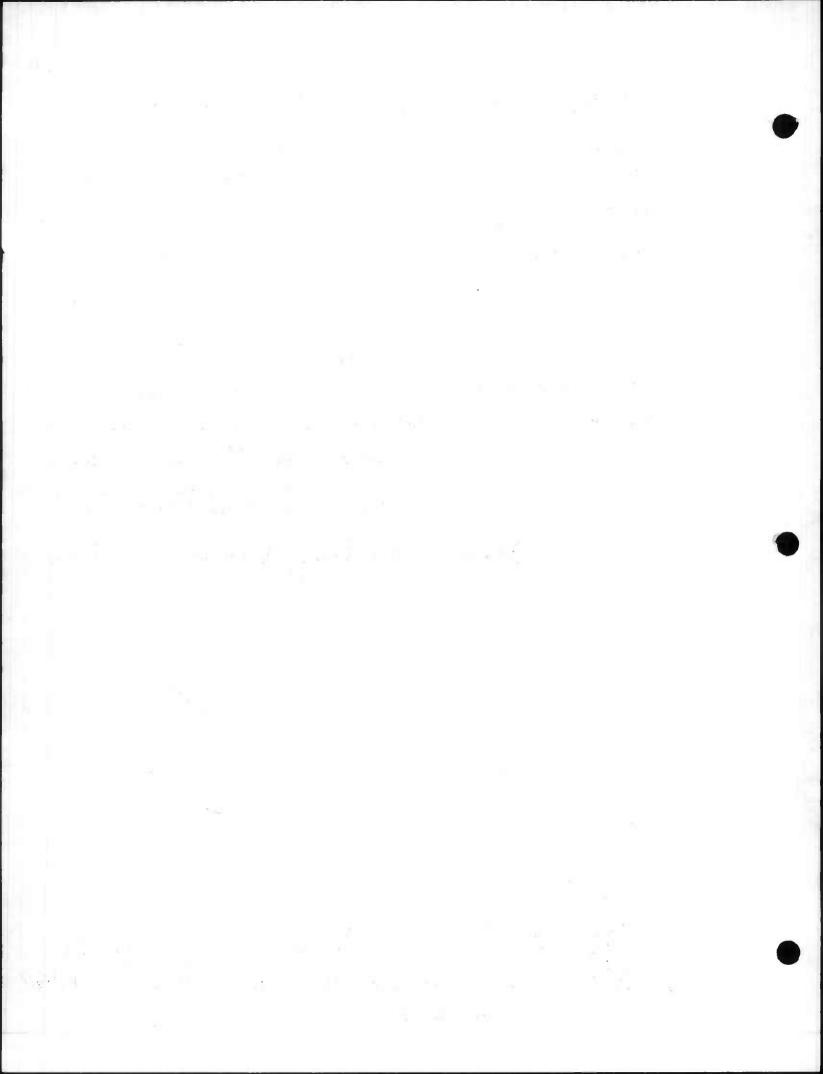
State of Maryland / Department of Health and Mental Hygiene 40896 Certificate of Death (First, Middle, Last 2. Dete of Death 3. Time of Death Day 19, ALCOL **Physician** Month 1996 2:45 pm December /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death Pasadena 106 Sharon Drive Anne Arundel If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) i uneral 15 M 2□ F Months 214-62-0415 43 Yrs. **Director** Jan 8, 1953 Maryland Usual Residence of Decedent the Manyland 10a, State 10b. County 10c. City, Town or Location show 10d. Inside City Limits MD Anne Arundel must be notified Director 1 ☐ Yes 2 ☑ No Pasadena 288-1 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8 106 Sharon Drive Herrie 23a USA 21122 Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritel Status filed within 72 hours after 1 Never Married 2 Married 6 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: à 3 ☐ Widowed 4 ☐ Divorced White 'natural' Be Completed the Medical 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Carpentry Carpenter 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be nent of Health and Mental Noah Joseph Anderson 0 Catharine O'Brien 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 Department of Health a Important: If Item 27 is any injury or other trau Brenda Anderson/wife 106 Sharon Dr., Pasadena, MD 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date Dec 2 1 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Holy Cross Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) Glen Burnie, 1996 21 Signature of Funeral Ser 22. Name and Address of Facility Barranco & Sons, P.A. Funeral Home 21146 Severna Park, MD
rest, Approximate
Interval Between
Onset and Deeth Part . Enter the disease shock, or heart failure. Gov. Ritchie Hwy., Semode of dylng, such as cerdiac or respiretory errest, **Physician** Infriediete Cause (Finel disease or condition resulting In deeth) /Medical Examiner Examiner The law requires that the death certificate be executed sician and bunal-trans Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of): Box 68760, lan/Medical the Due to (or as a consequence of): 88 signed by the at d be detached for P.O. Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Nos 2 No 3 Probably 4 Unknown Records, þ Completed 24b. Were autopsy findings available prior to 24a. Was en autopsy performed? completion of ceuse of death? page 2 s certificate has 1 Yes 2 No 1 TYes 2 No Division of Vital or Attending Physician: 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Thesidence P 1 Yes 2 No 6 ☐Other (Specify) this funeral 27. Manner of Death Dete of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred After 5 Pending Investigation Injury 1 ☐ Yes 2 ☐ No within 24 hours after death. To the Funeral Director: A the 1 2 Accident 6 Could not be determined 3 ☐ Suicide in by t 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide filled Hospital 1 certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) and menner stated. Medical 29a, Certifier completely (Check only one) 9 29b. Signature # 29c_License number 29d. Date signed (Month, Day, Year) 30. Neme and address of person
31. Date filed (Month, Dey, Yeer)

Wia Davids

DEC 3 1 1996

State

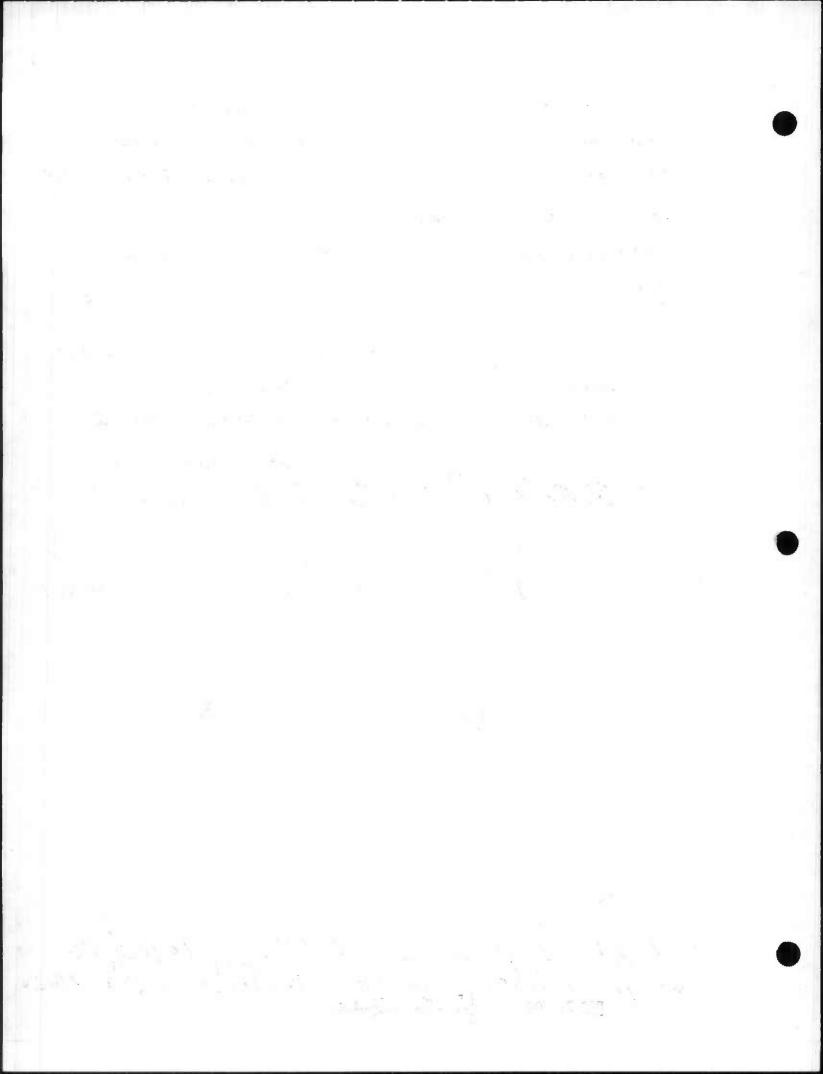
Registrar



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П	Physic	ian	1. Decedent's Name (First, Middle, L						2. Data of Dea		Year	3. Time of Death
4	/Medi	cal	Evelyn Sexton Ac					Also City 7	Decembe Town, or Location of Death		.996	2:45 a.m.
	Exami	ner	Magnolia Hall N						tertown		ent	
Н	Funerai			Sex 7. Ag		last birthday	If Under 1 Yea	r if Unde	er 24 Hrs. 8. Date of Birth		9. Birthple	ace (State or Foreign
	Director		218-16-2524 Usual Residence of Decedent	1□M 2XF	76	Yrs.	Months Day	s Hours	Min. (Month, Day Septembe	r 27, 1	Count	ry)
	e Marylan la-f show	ctor	Maryland Keni	t .		ty, Town or L Chester					10	d. Inside City Limits 1 ☐ Yes 2√☐ No
	3a or 26	al Dire	10e. Street and Number 8326 Broadneck I	Road			10f. Zip Code 2162			10g. Citizen of U.S.		ry?
020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Manyland Depertment of Health and Mental Hyglene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show many Injury or other traumatic event, tra Medical Examinet must be notified at ancies.	by Funeral Director	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 ☑ I If Yes, Give Yaar or Dates:		I,S. 13.	Was Dacedent of If Yas, specify Cu 1 ☐ Yes 2 ☑ No	ban, Mexic	origin? (Specify Yas or No- en, Puerto Ricen, etc.)	Bia	ce - Americe ick, White, e	tc.
2-0	72 ho	eted	15. Decedent's E (Specify only highest g	ducation		16a. Dece	dent's Usual Occ kind of work don DO NOT use retir	upation	nst of working	16b. Kind of B	lusiness/Ind	ustry
21215-0020	od within giene.	Be Completed	Elamentary/Secondary (0-12)	College (1-4or 5	i+)		Administ			Telep	hone	Company
D	al Hy d oth	Be (17. Father's Name (First, Middle, Las	t)				18. Moti	her's Name (First, Middle,	Maiden Suma	n <i>e)</i>	
<u>x</u>	ouid be Mental erked c	20	Walter Sexton						de Virginia			
, Maryland	and 2 sho saith and n 27 is m		19a. Informant's Name/Relationship Robert Lee Adams						ed, Chestert			
Baltimore,	it. Pages 1 strment of He rtant: If Iten njury or oth		20a. Method of Disposition X☐ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec	ify)		ll Cres		ery/De	ecember 27,		mapol.	is,
Ba	permit. P Departme Importan any injur		21. Signature of Funeral Service Lice	spell-les	ew	ノ [13	30 Speer	Road	bein & Newn Chestertow	n, Mary		
	Physician		23a. Pert f. Enter the disease, or eor shock, or heart failure. List only	nplications that caused one cause on each lin	the deat ne.	th. Do not en	ter the mode of dy	/ing, such a	s cerdiac or respiratory are	est,		Approximete Intervai Between Onset and Death
	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting In death)	a Respi	re	6-	ful	nu			1	Neks
	uted J Insit	Examiner		b. July	100	or es a conse	56	r 6	(1)		1	Jours
OX 58/50,	leath certificate be executed effection on the burial-transit of the burial-transit.	edicai	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c		or as a consecur					1	
	y the	Physician/M	Part II. Other significant conditions	contributing to death bu	ut not ras	ulting in the u	nderlying ceuse g	ivan In Part	1. 23b. Did	obacco use co	ontribute to	the ceuse of death?
ecords,	been s	leted by							24a. Was a		com	e autopsy findings lable prior to pletion of causa
<u>r</u>	: The law cate has b	Completed							1 □ Y	es 2 No		eath? Yas 2□ No
VITal	Physician: The this certificate rai director, part	Be	25. Was case referred to medicel examiner?	Hospital:			10	8 40	ce of Deeth (Check only or	10)		
ō	ng Phys ter this nerai di	ation: To	1 Yes 20 No 27 Menner of Death 1 Naturel 5 Pending investigation	28e. Dete of Injur (Month, Day	у	28b. Time o Injury	1 28c. Inj	1	lursing Home 5 Residing 28d. Describe h			
DIVISION	al or Attendir s after death. Il Director: Al ed in by the fu	Certification:	3 Sulcide 6 Could not to determined		iry - At ho . (Specif	ome, farm, str	eet, factory, office	•	28f. Location (S City or Tow	treet and Numi n, Stete)	ber or Rural	Route Number,
	To the Hospital or within 24 hours after To the Funeral Director Completely filled in E	edical (29a. Cartifier (Check only one) Certifying Pl	nysician: To the best of miner: On the basis of and manner sta	examina	wledge, death tion and/or In	n occurred at the t vestigation, in my	ime, dete a opinion, de	nd piace, and due to the c ath occurred at the time, d	euse(s) and me ete and piace,	anner as sta and due to t	ted. he cause(s)
	To the To the Comp	6	29b. Signatura and titla of confiden	2			29c. Licer	6 V	9 &	9d. Data signe	od (Month) D	ay, Year)
,			30/Name end eddress of person who	complete on use of de	eath (Item	23e) (Type,	Print)	Ch	011	(-/2	1	211 20

DHMH 16 Rav 6/95

State Registrar

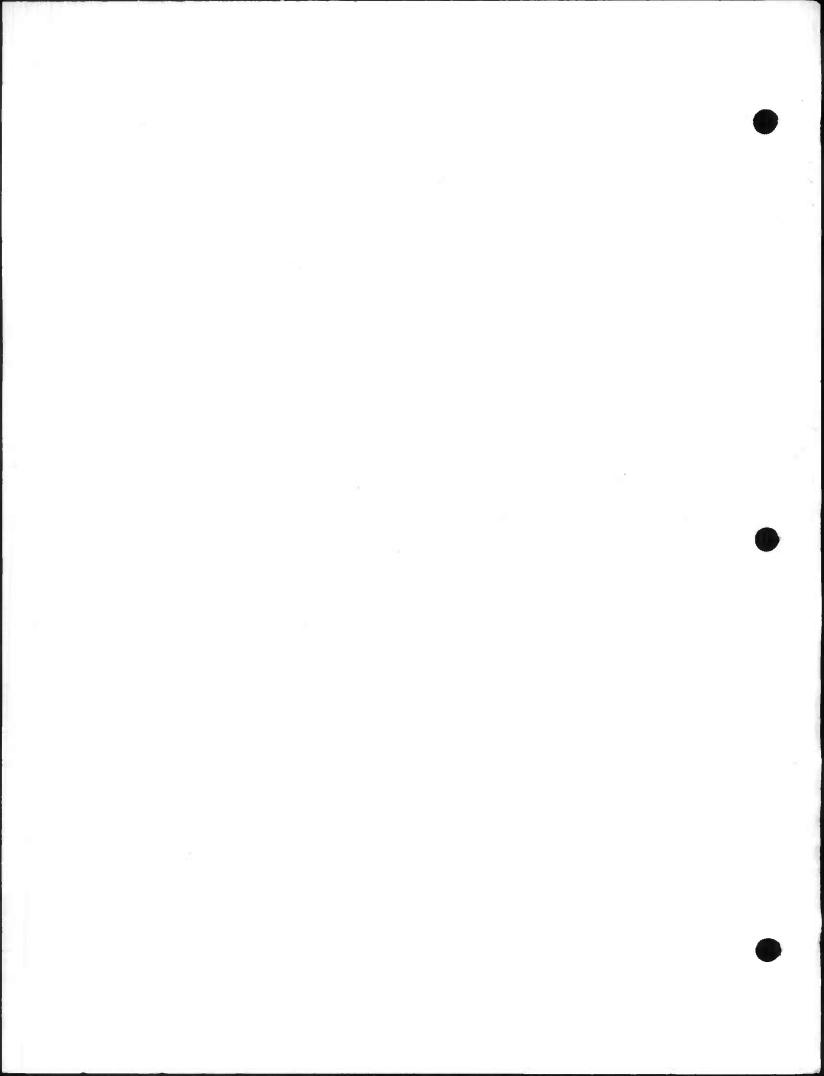


 be retained by the hospital or attending physician.
 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE MOSPILAL OF ATTENDING PRESIDENT THE IBM REQUIRES THAT THE DEATH CONTINUED WITHIN THE DESTRUCTION ATTENDING THE DESTRUCTION OF THE PROSPECT OF THE PROSP	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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4400	CIAN	Priff	be filed within 72 hours after death with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or removal.	6
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	1 - STATE OF MARYLANI REGISTRAR	D / DEPARTM CERTIFIC			MENTAL HYGII			
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN			3. TIME OF DEATN
5%	Frances V. Bosley				December	13 1	996	6:24 p. M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In year		UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		S. BIRTH	IPLACE (State or Foreign
	218-64-7721 1□ M 2 🗓 F 82	YRS.	ONTHS DAYS	HOURS MIN.	Jan. 4,	1914	Wes	t Virginia
3	9a. FACILITY NAME (If not institution, give street and number)	91	b. CITY, TOWN O	R LOCATION OF DE	EATN	9c. COU	NTY OF D	
FUNERAL DIRECTOR	Memorial Hospital		Cumbe	rland		A	lleg	gany
E C	10a. STATE 10b. COUNTY	10c. CITY, T	OWN DR LOCAT	ON				10d. INSIDE CITY
H	WV Mineral		Keyser					LIMITS? 1 YES 2 X ND
AL	10s. STREET AND NUMBER			ZIP CODE		10g. CITI	ZEN OF V	WHAT COUNTRY?
ER,	Rt. 1, Box 192			26726			USA	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S				NIC ORIGIN? (Specify		14. RACI	E — American Indian,
ВУБ	1 Never Married 2 Married FDRCES? 1 YES 2 3 X Wildowed 4 Divorced FDRCES?		1 Tyes, spe		n, Puerto Rican, etc.) y:		Spec	k, White, atc.
								White
COMPLETED	(Specify only highest grade completed)	(Give kind of work life. Do NOT use re	done during mos	N t of working	16b. KIND OF	BUSINESS/IND	DUSTRY	
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)	Homema			0	11		
NO	17. FATNER'S NAME (First, Middle, Last)	пошеша	Kel	10 MOTNER'S NA	ME (First, Middle, Male	Home		
	Joseph Fleek			Cora		aze		
BE (19a. INFDRMANT'S NAME (Type/Print)	19b. MAILIND AD	DRESS (Street a		Route Number, City or		Code)	
5	Roxie Green			g Street				21502
		CE AND DATE OF D		ne of	DATE 20c.	LOCATION -	City or To	wn, Stata
	4 Donation 5 Other (Specify) For	t Ashby	Cemete	ry	1996	Fort A	shby	, WV
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			ADDRESS OF FA				
	Drian L. Sutta		1		th Funera Street K			26726
	23. PART I. Enter the diseases, or complications that caused the							26726 Approximate
	shock, or heart fellure. List only Dna cause Dn asch IMMEDIATE CAUSE (Final	line.						Interval Batween Onset and Dasth
	disease or condition a. Adult Respi	ratory l	Distres	s Syndro)MA			13 days
	DUE TO (OR AS A CDI	NSEDUENCE OF):	DISCICS	5 Dynard	Jii C			15 days
Z	Sequentially list conditions, b. Sepsis due	to Strep	p Pneum	onia				16 days
	If sny, leading to immediate	NSEDUENCE OF):						
2	cause. Enter UNDERLYING CAUSE (Disease or Injury							
CERTIFICATION	that initiated events DUE TO (DR AS A COR resulting in death) LAST	NSEQUENCE OF):						
8	d		-					
AL	PART II. Other significant conditions contributing to death but n	ot resulting in t	ha undarlying	cause given in	Part I. 24s. WAS	AN AUTOPSY DRMED?	24b	WERE AUTOPSY FINDINGS
음	_ Acute Renal Failure					2 X ND		CDMPLETION OF CAUSE OF DEATH?
ME								1 YES 2 NO
ä								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? J. HOSPITAL:	0	26, PL THER:	CE OF DEATH (Ch	eck only one)			
PHYSICIAN: MEDIC	1 YES 2 A ND 1X Inpatient 2 ER/Oulpatier	W 3 □ DOA 4	☐ Nursing Home		8 Other (Specify)			
	27. MANNER OF DEATH 1 X Natural 5 Pending 28a. DATE DF INJURY (Month, Day, Year)	28b. TIME O	Y WO	IK?	28d. DESCRIBE HO	W INJURY OC	CURED	
B	2 Accident Investigation			ES 2 ND				
	3 Suicide 6 Could not be 4 Homicide determined	il homa, farm, stree	et, lactory, office		281. LOCATION (Stre City or Town, Str		or Rumi I	Route Number,
COMPLETED	29a. CERTIFIER							
M P	(Check only 1 A CENTIFYING PHYSICIAN: To the best of my knowledge							
8	2 MEDICAL EXAMINER: On the basis of examination and	d/or investigation, is	n my opinion, de	ath occured at the	time, data and place,	and due to th	e cause(s	a) and manner as stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI		h -		(Month, Day, Year)
6	18/ (Junes &			D 14	865	Do	EC.	31, 1996
	DE HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		,					
	R. Barrera, M.D. Mememoria 31. DATE FILED (Month, Dev. Year) 32. MEGISTRAR'S SIGNATUR	1 Hospit	al Med	Bldg.,	Cumberla	and, MI	0 2	1502
	DEC 3 1 1996 32 AEGISTRAR'S SIGNATUR	Randall						
_	DECAT MAN			<u>.</u>				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dafa of Death 3. Tima of Death **Physician** Month Yaar WILLIAM 3:39 FRANK 24 1996 4c. County of Death Dec /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner WASHINGTON COUNTY HOSPITAL HAGERSTOWN WASHINGTON Hours Min. 8. Data of Birth (Month, Day, Year) Feb. 27, 1920 If Undar 1 Yaar Birthplaca (Stata or Foreign Country) 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) **Funeral** Months Days 1₩ 2□ F 176-16-6952 Yrs 76 Director PENNSYLVANIA Usual Rasidance of Dacadant the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits rail, or items 23a or 28a-f show Examiner must be notified at Directo MARYLAND 1 Vas 2 No WASHINGTON HAGERSTOWN 10e Street and Number 10f Zin Code 10g. Citizen of What Country? with 15623 OVERVIEW CIRCLE 21740 U.S.A. Funeral 72 hours after deeth 12. Was Decedent Evar in U,S. Armed Forcas?

1 ☒ Yas 2 ☐ No If Yas, Giva Yaar or Dates: ₩.₩. Was Dacedanf of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11 Marifal Status 14. Race - American Indian, Black, White, atc. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 💢 No by Specify: WHITE 3 ₩ Widowed 4 Divorced "natural". W.W.II Completed traumatic event, the Medical 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 18b. Kind of Business/Industry al Hygiene. Eiamantary/Secondary (0-12) College (1-4or 5+) FACTORY WORKER BREWERY 12 permit. Peges 1 and 2 should be file Department of Heelth and Mental Hy, Important: If item 27 is marked oths any Injury or other traumatic event, once. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be PETER BRAZZ ELIZABETH ROLINITUS 2 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 48334 19e. informant's Name/Reletionship (Type, Print) WILLIAM P. BRAZZ 29890 W. 12 MILE RD., #912, FARMINGTON HILLS, MI 20b. Piace of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State Burial 2 Cramation 3 Ramoval from State M.S.V.C.-ROCKY GAP 12/27/96 FLINTSTONE, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensed 22. Nama and Addrass of Facility GEORGE-UPCHURCH FUNERAL HOME, P.A. 202 GREENE ST., CUMBERLAND, MD 21502 23a. Pert1. Enter the disease, or combinations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Between Onset end Death **Physician** /Medical fmmediata Causa (Final disaasa or condition rasulting in deeth) Cardiac anest Immediate Examiner Dua to (or as a consequence of) Protoble Coronous artery Examine The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immediate causa. Enter Underlying Cause (Disaasa or injury that initiated evants rasulting in death) Last pue Dua to (or as a consequence of) attending physician for use as the buria Box 68760. Physician/Medical Dua to (or as a consequence of): Division of Vital Records, P.O. the Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown þ 24e. Was an autopsy performed? 24b. Wara autopsy findings Completed peen s avallabia prior to completion of causa of death? hes certificate 1 ☐ Yas 2 ₺ No 1 ∏Yas 2 ∏ No or Attending Physician: Be 25. Was casa rafarred to medical axaminar? 28. Piece of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 Yas 2 No 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 € DOA Director: After this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of Certification: 28c. injury at Work? 28d. Dascribe how injury occurred 1 Naturai 5 Panding death. invastigetion 1 Yas 2 No 2 Accidant 6 ☐ Could not be datarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicida 28a. Place of injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida 24 hours a Certifying Physician: To the best of my knowledge, daeth occurred at the time, dete and place, and dua to tha causa(s) and mannar as stated.

| Certifying Physician: To the best of my knowledge, daeth occurred at the time, dete and place, and dua to the causa(s) and mannar stated.

| Medical Examiner: On the best of my knowledge, daeth occurred at the time, dete and place, and dua to the causa(s) and mannar stated. Medical 29a. Cartiflai Within 2. o the Fu (Check only one) 29b. Signatura and title of certifiar 29d. Data signed (Month, Day, Year) 29c. Licansa number William & Plovan MI DU8875 12/26/96 140

25

State Registrar

Dr Plavean

30. Nama end addrass of person who completed causa of deeth (item 23a) (Type, Print) Washington Co. Hospital - Hagerstown MO 32. Registrar's Signatura

.

State of Maryland / Department of Health and Mental Hygiene

96

40900

						Certifica	te of	Death		Reg	. No.	0 40300
П	Physic	ion	1. Decedent's Neme (First, Middle, Las	1)					2. Det	of Death		3. Time of Deeth
J	/Medi		ALICE BLANCH	E BRENNEMA	AN					MBER	30, 1996	
	Examir		4a. Facility Neme (If not institution, give	street and number)				4b. City, Tov	wn, or Location of		4c. County of De	
			SACRED HEART					CUMBEI			ALLEGAN	
	Funeral Director		5. Social Security Number 6. Se 215-10-8052 Usuel Residence of Decedent	7. Ag	e (în yrs. lest bir 84	Yrs. If Under Months	Deya	If Under 2 Hours	Min. 8. Det	of Birth oth, Dey, Y 1. 27	1912 MA	rthplace (State or Foreign country) RYLAND
	yland		10e. State 10b. County		10c. City, Town	n or Location						10d. Inside City Limits
	Mar	ţ	HARYLAND ALLEGANY		WESTER	NPORT						1 No Yes 2 No
	h the	Director	10e. Street and Number			10f. Zi	p Code			100	. Citizen of What C	Country?
	th wi	aic	105 HILL ST.			2	1562			III	NITED STA	TES
	ep # 5	Funeral	11. Marital Status	12. Was Decedent i	Ever in U,S.	13. Wes Dece	dent of h	lispanic Orig	gin? (Specify Yes	or No-	14. Rece - Am Bleck, Wh	erican Indian,
21215-0020	filed within 72 hours after deeth with the Maryland Hygiene. ther than "natural", or Items 23s or 28s-f show hrt, the Medical Examiner must be notified at	by	1 ☐ Never Married 2☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 1 h If Yes, Give 1 Yeer or Dates:	10	1 Tes		Specify:	, i dollo i llodili, e	,		WHITE
5-0	n 72 hours "natural",	Completed	15. Decedent's Edu (Specify only highest grad		16a.	Decedent's Usu (Give kind of w	ai Occup	ation during most	of working	16	6b. Kind of Busines	s/Industry
121	iene.	du	Elementery/Secondary (0-12)	College (1-4or 5	+)	(Give kind of willife. DO NOT u		d)				
	e filed with al Hygiene. other than		UNKNOUN 17. Father's Name (First, Middle, Last)			HOMEMA	KER	40 Maha	de Nome /Final	Mariana Ma	HOME	
Maryland	S S S S	Be		,					r's Name (First,		iden Sumame)	
7	2 should be and Mente is marked sumatic st	ပို	ISAAC ROUNDS 19a. Interment's Neme/Reletionship (7)		106	Mailing Address	c /Strant		GARET GE		City or Town, State,	Zin Code)
Ma	D 5 - 5		HOWARD R. BREN		130.						, MD. 215	
re,	-755		20e. Method of Disposition	11 122 22 1		Disposition (Na	me of		Dete		c. Location - City o	
Baltimore,	00 = 5		1 2 Burial 2 □ Cremation 3 □ F 4 □ Donetion 5 □ Other (Specify)			y, cremetory or OS CEME		,	-2-97	1.7	ECTEDADO	OT MD
alti	permit. Pag Department Important: It any injury o		21. Signature of Funeral Service Licens		7	22. Name a	nd Addre	ss of Facility	V	177	ESTERNPO	XI, FID.
Ö	De a ma		> Wayne 4	Kal		111	CHUI	NEKAL RCH ST	HOME WESTE			
			23a. Part1. Enter the ahease, or comple shock, or heart failure. List only or	ications that caused ne cause on each lin	the deeth. Do n	ot enter the mo	de of dyir	ng, such as o	cardiec or respire	etory arres	t,	Approximate Interval Between Onset and Death
	Physician /Medical		Immediate Cause (Finel		11	0	- 10					Onset end Death
	Examiner		disease or condition resulting in death)	. 5%	rte	of	tic	KK				> along
		a		1/	Due to (or as a o	confequence of)			1.1			2111
	petr	Examiner	-	regs	Va	una	Ch	- r	sear	1		aguary
Ć	exec tn an rial-tr	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	day	Due to (or as a o	consequence of	- 5	de	60			10 4.4
68760,	ysicie	cal	thet initiated events	COVO	Due to (or as a o	onsequence of:		00-	non	<i>e</i>		10 gues
89 x	certificete be executed rding physician and use as the burial-transit	Medical	resulting In death) Last	Arles	wool	w.Z	4	Budi	de C	uls	dee	20 74
Bo	death cert le attendin ed for use	Physician/			0,00	vice			100-100	1		1
o.	the de	ysic	Pert II. Other significant conditions cor	ntributing to death bu	not resulting In	-				b. Did tobe	ecco use contribut	e to the cause of death?
0	as thet igned b	by Ph	Centoutin	de	01	Seud	ou	was	ř.	1 🗆 Yee	2 No 3 1	Probably 4 🖫 Unknown
Records,		Completed	alm fuc	200					24	. Was an i		. Wera autopsy findings available prior to completion of cause
Rec	hes he 2	mpi	01 - D	01	-/	- n	1		1		20	of death?
	uclen: The k certificate he rector, page		25. Was case referred to medical	ud pu	elecy 6	Dec 14	6 10	ual.	Malyn	1 Ves	2000	1 Yes 2 No
5		o Be	examiner? . /	fospital:	. aΠenn	all as	o. Ott	ner.	of Death Check	-	. Car	
of	Physe or this eral d	n: To	27. Menner ot Death	26a. Date of Injur	y. 28b. T		28c. Injur Wor		The second secon	UNIONS AND RESIDENCE	be 6 □Other (Sp injury occurred	ecity)
0	Attanding Ph ir deeth. ector: After thi by the funeral	atio	1 Natural 5 Pending Investigation	(Month, Day	Year) Ir	njury M		k7 Yes 2∐N	No		STATOGRAMME	
Division of Vital	har d fred n by	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Piece of Inju- building, etc	ry - At home, ter . (Specify)	m, street, tector	y, office		28f. Loc City	ation (Stree or Town,	et and Number or F State)	Rural Route Number,
	To the Hospital or At within 24 hours eftar d To the Funeral Direct completaly lilled in by	edical C	29a. Certifier (Check only one) 2 Medical Examination	sician: To the best of ner: On the basis of and manner sta	examinetion and	, deeth occurred Vor Investigetion	at the tir	me, dete end pinion, deati	d plece, and due h occurred at the	to the cau	se(s) end menner s e and plece, and du	as stated. se to the cause(s)
	o the	Mec	29b. Signeture and little of certifier	and mailiner sta	sed.	29	c. Licens	e number		29d	l. Dete signed (Mor	oth, Day, Year)
	1 5 - 5		11/1	Ohr.								
	Chil		30. Neme and address of person who co	moleted seuse of de	ath (Itam 33a)		0 13	p01_		1	EC 31	. 1996
	1600		1. R TE	LIPA	40	FAC	P	9.	25 Biss	60 h /4	Wish Role	Curterles 1.
	Sta Registr	-	31. Date filed (Month Dev Year) JAN 0 2 199	3 Registre	r's Signetures	dall	*			//	7 1 (1996 Curfeling L

State of Maryland / Department of Health and Mental Hygiene

40901

3. Time of Death 11:20 AM

21713

Approximate Interval Between Onset and Death

3 Probably 4 Unknown

24b. Were sutopsy findings evsileble prior to

completion of cause of death?

1 ☐ Yes 2 ☐ No

Boonsboro, Maryland

								Cer	tificat	e of	Death			Reg. N	No.		1030	
	Physici:		1. Decedent's Nam		RANCIS	BUI	CHER						2. Date of D Month DECEME)ay 26	Year 1996	3. Time of Death	A
)	Examin		4a. Facility Name (If not institution	n, give street end n	u <i>mber)</i>					4b. City, To	wn, or L	ocation of Dec	oth 4	c. Count	y of Death		
			WASHIN	GTON C	OUNTY HOS	FIG	AL				ŀ	IAGE	RSTOWN		1	WASHI	NGTON	
	Funeral Director		5. Social Security N 577-22-	1854	6. Sex 12 M 2 □ F	7. Ag	ge (In yrs. last bi 72	irthday). Yrs.	If Under Months	1 Year Deys		24 Hrs. Min.	8. Dale of B (Month, L	ley, Yea			place (State or Fore htry) ARYLAND	ign
2	-		Usual Residence of				T											
2	i hov		10a. State	10b. County			10c. City, Tov	vn or Lo	cation							1	0d. Inside City Llm	
N N	r 28a-f show norffied at	Director	MARYLAND	WA	SHINGTON					BOO	NSBORO)					1 □ Yes 2 1 1	NO
d d	or 20	ig e	10e. Street and Nu	mber					10f. Zip	Code				10g. (Citizen of	What Cour	ntry?	
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- 6		by Funerai	11. Marital Stetus 1 ☐ Never Marri 3 ☐ Widowed		If Vec G	orces?	Ever in U,S. No 1940- 1943		Vas Deced Yes, spec			gin? (Sp , Puerto	ecify Yes or N Rican, etc.)	10-		ce - Americ ick, White, fy:		
5-0 72 h	netu	eted	(Spec	15. Deceden	t's Education st grade completed	1)	16a	. Deced	ent's Usua kind of wo	I Occu	pation during mos	of work	ing	16b.	Kind of B	luainess/inc	dustry	
21215-0020 d within 72 hours at	than to M	Completed	Elementary/Seco	endary (0-12)	College	(1-4or	5+)		OO NOT US ER/OI					GI	ROCEF	RY STO	ORE	
nd 2	-05	Be	17. Father's Name	(First, Middle,	Last)						18. Mothe	r's Nam	e (First, Middl	e, Meide	en Sumai	me)		
Maryland		10	MARION I	L. BUT	CHER						BES	SIE	HARMON					
ar	th and Mer 7 is marks traumatic		19e. tnformant's Na	ame/Reletions	hlp (Type, Print)		198	b. Mailin	g Address	(Stree	t and Numbe	or Ru	al Route Num	ber, City	or Town	, Stete, Zip	Code)	
Z pue	2 N F		BETTY J	. BUTCH	ER/SPOUS	E	8:	315	MAPLE	:VII	LE RO	AD.	BOONSB	ORO.	MAF	YTANI	21713	
ore s	item 2 other		20a. Method of Disp	position			20b. Place 0	of Dispos		ne of			Date			- City or To		
Baltimore	ortmant of Herortmant of Herortmant: If item injury or other		4 Donation	5 Other (S		State	SMITHS					12/	28/96	SMI	THSE	BURG,	MARYLAND	
Bal	Deper Impor any in once.		21. Signature of Fu	neral Service		2117	M Door				ess of Facilit	•	7606 O	ld N	Vatio	nal I	Pike	

Physician /Medicai Examiner

Physician/Medical Examiner

tmmediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 24a. Was en autopsy performed? 1□ Yes 2☑No 25. Was case referred to medical examiner? 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Menner of Death Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending investigation 1 Yes 6 Could not be 3 Sulcide 4 Homicid 29a. Certifier

23a. Pan1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Paul M. Dean BAST FUNERAL HOME

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours efter death.

To the Funeral Director: After this certificate has been signed by the attending physician end completely filled in by the funeral director, page 2 should be detected for use as the buriet-transit physician end s the buriel-transit Division of Vital Records, P.O. Box 68760,

þ

Completed

Certification: To Be

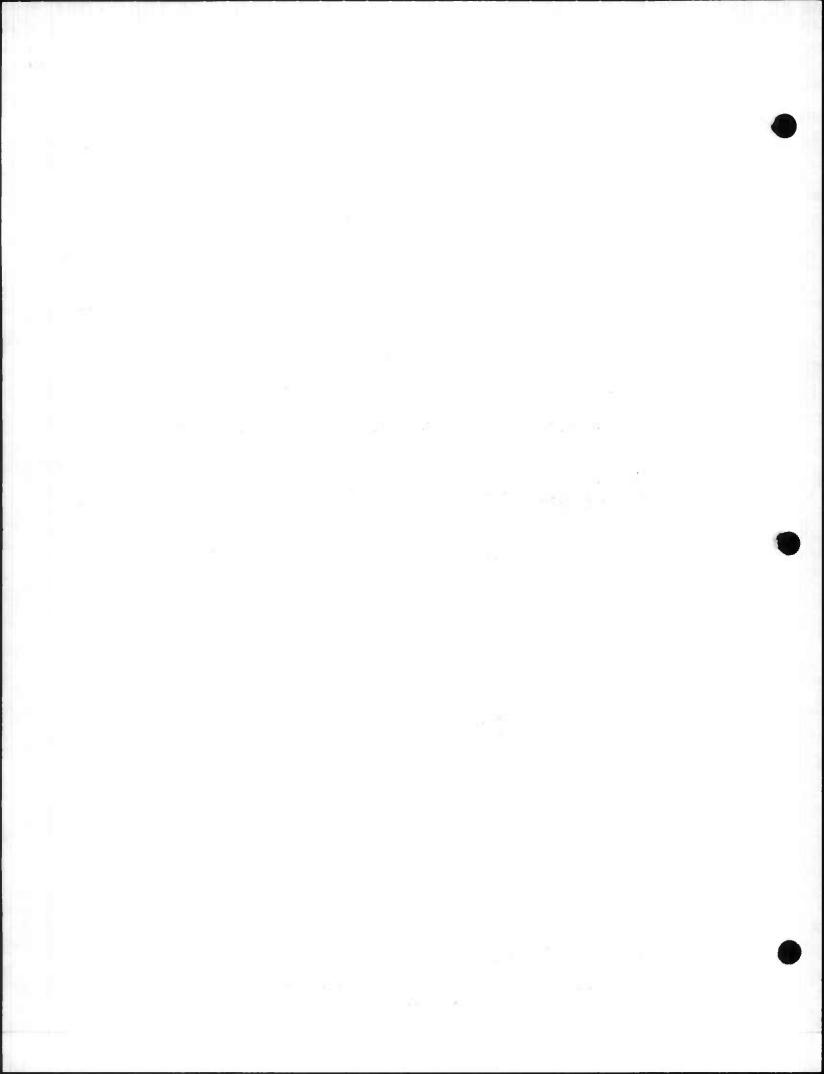
Medical

4 Homicide	determined	building, etc. (Specify)	rerm, street, ractory, office	City or Town, State)
29a. Certifier (Check only one)	Certifying Phys	Ictan: To the best of my knowled ler: On the basis of exemination and manner stated.	lge, death occurred at the time, date and plece, and/or investigation, in my opinion, death occur	and due to the cause(s) end manner aa stated. rred et the time, date and place, end due to the ceuse(s)
29b. Signature and	title of certifier		29c. License number	29d. Date signed (Month, Day, Year)
PR	Luderet	mo	D32518	12/26/96

30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print) DR. R. GUEDENET

100 GEETING LANE, KEEDYSVILLE, MARYLAND 21756

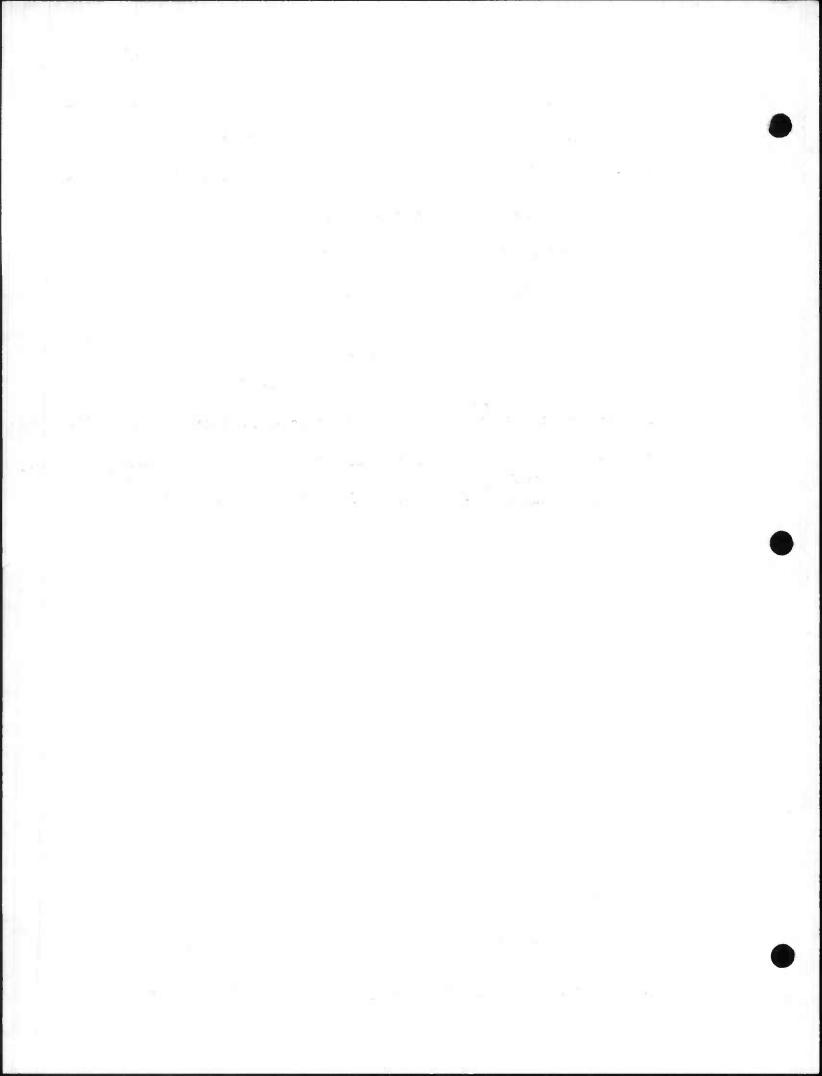
State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Ivial	-	Pertificate of			Reg. No.	96 4	0902
П	Dhuain		Decedent's Name (First, Middla, L.	•				2. Data of De Month	ath Dey	Yeer	3. Time the
	Physic /Medi		Carol Jar	nes Brown					23,1996		7 AM
4	Examir		4a. Facility Neme (If not institution, g			0	4b. City, Town, or Lo				
			2204 Romancoke	Road			Stevens	ville	Que	en Anr	ne's
	Funeral Director		216-22-2584	Sax 7. Aga	(In yrs. last birtho	Months Days		8. Date of Bird (Month, Da Oct. 3	th y, Year) 3,1930		e (Stete or Foreign
	pur *]	Usual Residence of Decedent 10a. Stete 10b. County	1	10c. City, Town o	or Location				104	In alda Ola I lucia
	8a-f sho	Director	Md. Queen	Anne's		ensville				100.	inside City Limits 1☐ Yes 2☑ №
	23a or 2	rai Dire	10e. Street and Number 2204 Romancoke	Road		10f. Zip Coda 2166	56		U.S.A		?
020	72 hours after death with the Maryland natural', or items 23s or 28s-f show sites Examinet must be notified at	by Funeral	11. Marital Status 1 □ Never Merried 2□Merried 3 □ Widowed 4 □ Divorced	12. Wes Decedant Ev Armed Forces? Yes 2 No if Yes, Give Yeer or Detes:	var in U,S.	13. Was Decedent of I- if Yas, specify Cuba 1 ☐ Yes ※ No		ecify Yes or No Rican, etc.)	- 14. Red Blac Specify	e - Amarican ck, White, etc v: Wh	
Baltimore, Maryland 21215-0020	d within 72 hours jiene. r then "neturel", Ine Medical Exe	Completed	15. Decedent's Elementery/Secondary (0-12)	ducation ade completed) Coilege (1-4or 5+)	18a. Do	ecedant's Usuai Occup Give kind of work done fe. DO NOT use retired Construc		ing		usiness/indus rical racto	L
d 2	73 75 1		1 1 17. Father's Name (First, Middle, Las	t)		CONSCIUC	18. Mother's Neme	/First Middle)T
an	S in o y	Be	Carl Coleman E				Alice			10)	
2	d 2 should be th and Mental 7 is marked or trsumetic eve	2	19a, Informent's Neme/Relationship		19h M	feiling Addrass (Street				State 7in Co	oda)
N	d 2 The		Mrs. Charlie M			04 Romano					
ore,	ges 1 and t of Health If Item 27 or other tr		20e. Mathod of Disposition			isposition (Nama of crametory or other place		Dete	20c. Location -		
Ē	2 2 # 5 E		1 ☑ Muriei 2 ☐ Cremetlon 3 ☐ 4 ☐ Donation 5 ☐ Other (Spec			nsville (c.30,1	996 Steve	nevil	lle, Md.
3alt	pemit. Page Department of important: If it any injury or office.		21. Signature of Funarei Service Lice	nu6//	1	22. Nama and Addra	_	ellows	, Helf	enbei	in &
	0 D = 6 O		Thomas K.	Hellent	leri	Newnam Fu 106 Shamr	neral H	ome, P	A.	រក 21	1619
П			23a. Part1. Enter tha disaase, or cor shock, or heert feliure. List only	nplication of et caused the one could on each line.	ne death. Do not	entar the mode of dyir	ng, such es cardiec	or raspiratory ar	rest,	Ar	pproximate terval Between
	Physician /Medical Examiner		Immediata Causa (Finei disaase or condition resulting in deeth)	. Cesel	1800	Scolor	ocua	ent		O	nset and Death
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	icate be axecuted physician and s the burial-transit	Examiner	Sequentielly list conditions,	b. Kenter	ue to (or ae e cor	nsequence of):	5,201				
60,	ificate be axecul g physician and as the burial-trar		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disaesa or Injury that initieted events	C.						i	
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		Z.		d						<u> </u>	
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	es tha igned be del	by	(1)000/1 COL	nal 14	2/1/0	8			2010		,
Records,	law requires that the death cert as been signed by the attendin s 2 should be detached for use	Completed	Emplises		<u>.</u>				an autopsy med?	availa	autopsy findings able prior to letion of cause ath?
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/ita	entific ector,	Be	25. Was case refarred to medical examinar?			Ar	26. Pleca of Death	(Check only o	ne)		
of	5 00	10	1 Yes 2 No	Hospital:		- 1/1/2	4 U Nursing Ho			er (Specify)	
Division of Vital	After After funer	Certification:	27. Mennar of Deeth 1 ☐ Netural 5 ☐ Pending	28a. Dete of Injury (Month, Dey Y	(ear) 28b. Tim	ry Wor	y et rk? Yes 2 □ No	28d. Describe i	now injury occur	red	
8	Attending or death. Sector: After by the fune	licat	2 Accident invastigation 3 Suicide 6 Could not l	OB Place of injury	- At home form	, streat, fectory, office		28f Location /5	Street and Numb	ner or Pural Pr	huta Number
<u>S</u>	after after Direct d in by	erti	4 ☐ HomicIde detarmined	building, atc. ((Specify)	, sueat, today, onice		City or Tox	vn, State)		0010 110111001,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	29a. Certifler (Check only one) 1 Certifying P	nysician: To the best of r miner: On the basis of as end menner state	kaminetion end/o	eeth occurred et tha tin	ma, date end plece, plnion, deeth occurr	end due to tha ded at the time,	cause(s) end ma date and plece,	anner as state and due to the	e cause(s)
	vithin Fo the	Me	29b. Signeture and titla of certifiar			29c. Licens	a number		29d. Data signe	d (Month, Da)	y, Year)
			Bregge.	n. mike	MI	14	2008		12-2	7-9	4
			30. Neme end eddrass of person who	complated cause of deel	th (ftam 23a) (Tv	pe, Print)	130		- 0	/ /	2
			Crocome Mitah	oll M D •	621 D	idgely Av	. Ann	e i loge	. Md.		
	Sta	_	31. Dete filed (Month, Day, Year)	I 32 Registrásis			C. /		A A 3-4.4		
	Registr	ar	~ 0	1000	marial day	n-Randell					

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 40903 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** 20^{Day} 1996 Bedford Dec. 0651 Morte Dadds /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Shore Health System Talbot Easton 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Yaar If Under 24 Hrs. 6. Sex 8. Data of Birth (Month, Day, Year) Birthpiace (Stata or Foreign Country) **Funeral** Days XXM 2 F 61 Yrs. 217-30-7784 Director Jan. 27, 1935 Maryland Usual Residence of Deceden the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits d other than "netural", or items 23a or 28a-f ahow event, the Medical Examiner must be notified at Queen Anne's Md. Centreville Director YTYPS 2 No 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? death with 120 Kidwell Avenue 21617 U.S.A. Funeral 14. Race - American Indian, Black, White, etc. Was Decedant of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours after 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3 Widowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highest grada completed) 16a. Decedent'a Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry and Mental Hygiena. Bob Smith's Elementary/Secondary (0-12) College (1-4or 5+) 12 Automotive Group Service Advisor 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumame) Be Pagas 1 and 2 should be Morte P. Bedford Bessie Dadds 19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Department of Health ar Important: If Item 27 is any injury or other trau once. Shirley G. Bedford Wife 120 Kidwell Ave., Centreville, Md. 21617 20b. Placa of Disposition (Name of cemetery, cramatory or other place) 20a. Method of Disposition 120c. Location - City or Town, State 1 Byrial 2 Cremation 3 Ramoval from State 4 Donation 5 Othar (Specify) Dec. Chesterfield Cemetery Centreville, Md. 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Fellows, Helfenbein & Newnam Funeral Home 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart lailure. List only one cause on each lina. Tenbem Centreville, Approximate Interval Batween Onsat and Death **Physician** /Medical Immediate Causa (Fina CARDINA disease or condition resulting in death) Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaasa or Injury that initiated events resulting in death) Last and Division of Vital Records, P.O. Box 68760. physician Physician/Medical Due to (or as a consequenca of): for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacce use contribute to the cause of death? 6 10108 2 No 3 ☐ Probably 4 ☐ Unknown MORITUS ABLIOS signed b Š Be Completed 24a. Was an autopsy 24b. Wara autopsy lindings available prior to completion of causa of death? page 2 s 1 Yas 2 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: director 25. Was casa referred to medical examinar? 26. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 2 1 Yas 2 No 1 ☐ inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA this To the Hospital or Attending Phywithin 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, larm, street, lactory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homleide 12 Certifying Physician: To the best of my knowledga, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29d, Data signed (Month, Day, Year) 29b. Signature and title of gastilies. 29c. Licensa number 023962 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) Scott Friedman, M.D., 403 Marvel Court, Easton, MD 21601

State Registrar 31. Data liled (Month, Day, Year)
DEC 2 3 1996



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

40904

						Cei	uncale	UIL	ealli			Reg. No.		
	Physic /Medi		Decedent's Name (First, Middle, L LILLIAN	ast) MAXIE		BETH	ARDS				2. Date of De Month DECEMB	Day	Year 1996	3. Tim th
ı	Exami		4a. Facility Name (If not institution, g		or)					wn, or Lo	ocation of Deal	th 4c. Count	y of Deeth	
	Funeral Director		5. Social Security Number 6. 214-031487		Age (In yrs. les	t birthdey) Yrs.	If Under 1 \ Months D		TTSV if Under Hours	24 Hrs. Min.	8. Date of Bi (Month, Di	rth ey, Year)	9. Birth	place (State or Foreig
	_		Usual Residence of Decedent		03						001. 2	7, 1907	MARI	LAND
	death with the Maryland ms 23s or 28s-f show	tor	10e. State 10b. County MARYLAND WICOMI	CO		SVILL								10d. inside City Limit: 1 ☐ Yes 200 No
	or 28	Director	10e. Street and Number				10f. Zip Co	ode				10g. Citizen of	What Cou	intry?
	ath w	ral	5920 POWELLVILLE	ROAD			2185					USA		
)20	or he	by Funeral	11. Meritei Stetus 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Wes Deceder Armed Forces 1 Yes 2 If Yes, Give Year or Detes	s? X No	1	Ves Deceden Yes, specify ☐ Yes 2∑		panic Ori , Mexicer Specify:	gin? (Spo 1, Puerto	ecify Yes or No Rican, etc.)	5 14. Ra Bid Speci	eck, White	
9	n 72 hours natural'.	bel	15. Decedent's E	Education		I6a. Deced	ent's Usuai C	ccupat	tion			16b. Kind of E		ITE
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	be filed tal Hygid d other event, t	Be C	17. Father's Name (First, Middle, Las	it)				1	18. Mothe	r's Name	e (First, Middle	, Meiden Sume	me)	
Maryland	should b nd Ment marked	To	EDWARD LAYTON						LEE	ANN	A ARVI	EY		
Jar	2 sho		19a. informant's Name/Relationship	. ,, ,								er, City or Town	n, Stete, Zi	p Code)
	Health Health em 27		BARBARA E. PARKE	R			GUMBOR sition (Name		OAD,	PIT	TSVILLI		2185	
Baltimore,	00-		1 XBuriei 2 Cremation 3 4 Donation 5 Other (Spec		te cem	etery, crem	etory or othe	r piece)	1 1	Date 2/28/96	20c. Location		MARYLAND
alti	permit. Pag Department Important: It any Injury o		21. Signaturi di Furnirai Service Lice	ensee	22		Name and A		of Facilit		2/20/50	WIDDE	وقاللتا	TIANTLAND
11)	205 2 9		1 Karley 1	Mint		HA	STINGS	FU	NERA	L HO	ME, SEI	LBYVILLE	E, DE	. 19975
			23e. PartT. Enter the disease, or con shock, or heart fellure. List only	nplications that caus y one caus yon each	red the deeth.	Do not ente	er the mode o	dying.	, such as	cardiac	or respiratory	errest,		Approximete interval Between
	Physician /Medical Examiner		immediate Ceuse (Final disease or condition resulting in death)	e HYPERTI	ENSIVE	CARDI	OVASCU	JLAR	DIS	EASE				Onset and Deeth
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	cuted	Examiner	Sequentially ilst conditions	b. ———	Due to (or as	s a consequ	uence of):				_			
0,	e exe	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events										1	
68760,	certificate be executed nding physician and use as the burlal-transit	n/Medical	that initiated events resulting in death) Last	С	Due to (or es	e consequ	ence of):						1	- 10
Box		lan		d										
	that the death led by the etter detached for	Physician	Part ii. Other eignificant conditions	contributing to death	but not resultir	ng in the un	derlying caus	se giver	n in Part i		23b. Did	tobacco use c	ontribute i	to the cause of death
P.0	ed by detac	4									10	Yee 2□ No	3 Pro	bably 4 🖾 Unknow
Records,	requires	Completed by										s an autopsy ormed?	81	Vere autopsy tindings valiable prior to completion of cause
Rec	has has	ם		· · · · · ·								ar .		death?
Vital	Icien: The certificate h		25. Was case referred to medical	1					-0.5			Yes 2 🔼 No	1	☐ Yes 2☐ No
5		o Be	examiner?	Hospitai:	tiont 2DED	VOutpatient	3□ DOA	Other	,.		me 5 X Res		her (Spec	46.1
of	5 5 3		27. Manner of Death	28a. Date of In	niury 28	3b. Time of		injury : Work		-		how injury occu		1197
0	Attending Ph or death. actor: After th by the funeral	atlo	1 ☑ Naturai 5 ☐ Pending 2 ☐ Accident investigation	on	yey rear/	injury	М		es 2	No				
Division	f or Attendiater death. Director: A	Certification:	3 Suicide 6 Could not determined	4 289. Place of 1	injury - At home etc. (Specify)	e, ferm, stre	et, factory, o	ffice				(Street end Num wn, Stete)	ber or Rui	ral Route Number,
Ē	To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edicai C		hysician: To the bes miner: On the basis end manner:	of examinetion									
	Within 2 To the comple	Me	29b. Signeture and title of certifier		21757 E		29c. L	icense	number			29d. Date sign	ed (Month	, Dey, Year)
	21- 0		P.A. C.	3.00	. 0	D.M.E	DO3	3599)			12-24-9	96	
	10		30. Neme and address of person who	completed cause of				ככני				12-24-	0	
	IIV		JOHN T. BULKELEY	, M.D., 10	O8 PINE	BLUF	F ROAD), S	ALIS	BURY	, MD 2	1801		
	Sta		31. Date filed (Month, Dey, Year) DEC 3 0 1	32. Regis	strar's Signature	0 .								
	Registr	ar	Arc 5 ()	JJ0 /4	a willen	-worder	P. C.							

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

40905

						Cer	tificate c	of D	eath		Reg. N	No.		.4.	
	Dhamis		Decedent's Nema (First, Middle, L	ast)						2. Dete of Do		Dey	Year	3. Tir	ne of Death
	Physic /Medi		DAVID PASH	ER BI	SHOP					DECEMB		23, 1		11:	30 PM
	Exami		4a. Facility Name (If not institution, g	va street and number)				4b.	City, Town, o	or Location of Dear		4c. County			
			300 DOLPHIN STRE	ET				OCI	EAN CI	TY	1	WORCE	STER		
	Funeral Director		5. Social Security Number 6. 218-14-4289 Usual Rasidenca of Decedent	1XX M OFF	o (In yrs. lest b	irthday) Yrs.	If Under 1 Ye Months Da		Hours M	In. (Month, D	rth 8 <i>y, Yea</i> 4	1899	9. Birthp Court DELAV	ilaca (Si itry) VARE	tata or Foraigr
	pand and		10e. State 10b. County		10c. City, Tov	vn or Loc	cation						1	Od. insl	de City Limits
	the Mary 28a-f ehr	Director	MARYLAND WORCES 10e. Street and Number	rer	OCEAN	CITY	10f. Zip Cod	le le			100.0	Chizen of \	What Cour	1 🔯	Yes 2□No
	With Man		300 DOLPHIN STRE	cт			21842					SA	That Oou	yı	
	me 2	Funerai	11. Marital Status	12. Was Decedent B	Evar in U,S.	13. W	/as Decedent	of Hisp	anic Origin?	(Specify Yes or N			a - Amaric	an India	in,
0200-51212	72 hours after death with the Manyand natural, or items 23a or 28a-f show scal Examiner must be notified at	by	1 ☐ Never Merried 2 █ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 Yas 2 X N If Yas, Give Year or Datas:	lo	If	Yas, specify C ☐ Yes 2 💢 N	Suben,	Maxican, Pu	àrto Rican, etc.)		Specify	ck, White, WHIT		
5-0	n 72 hours natural',	Completed	15. Decedent's E (Specify only highest g	ducation	16a	. Deced	ent's Usuel Oc	cupatione dur	on	vorkina	16b.	Kind of B	usiness/inc	dustry	
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Ja	d 2 should h and Mer 7 is marks traumetic		19a, Intormant'e Neme/Reletionship		1					Rural Route Numb			Stete, Zip	Code)	
	Health Health Hem 27 I		MARIE E. BISHOP/	WIFE					OCEAN	CITY, MA			21842		
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	Part:		4 ☐ Donation 5 ☐ Othar (Spec		BISHO	PVIL	LE CEME	ETEI	RY	12/29/96	BIS	SHOPV	ILLE,	, MA	RYLAND
baltimore,	permit. Page Department Important: If any injury or once.		21. Signature of Funeral Service Lion	DIA.			Nama and Ad STINGS			HOME, SEI	LBYV	/ILLE	, DE.	. 1	9975
			23a. Part Enter the disease, or our affock, or heart failure. List only	operations that cade a	the Beath. Do	not ente	r the mode of	dying,	such es card	iac or respiratory a	arrest,			Approx	dmate I Between
	Physician /Medical Examiner		Immediete Causa (Finel diseese or condition				ilw.								and Death
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	and al-tran	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying		Due to (or as e	consequ	uence of):								
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X DO / DO,	eath certificate be assouted attending physician and for use as the burial-transit	/Medical	resulting In death) Last	d	Oua to (or es e	consequ	ience of):								
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	the the	ys	Part II. Other significant conditions	-			derlying causa	givan	in Part I.			1			use of death?
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	ing When		27. Manner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28e. Dete of Injur (Month, Dey	Year) 28b.	Time ot Injury		njury et Work? I 🗌 Yes		28d. Describe				.,	
2		Certification:	3 Suicide 6 Could not leadermined		ry - At homa, fo . (Specify)	erm, stre	et, tectory, office	сө		28t. Location City or To			er or Rura	I Route	Number,
	To the Hospital or At within 24 hours after of the Funeral Direct completely filled in by	edical	29e. Certifiar (Check only one)	nysician: To the best of miner: On the basis of and menner state	axamination ar	e, deeth nd/or inve	occurred et the estigetion, in m	e time, ny opini	dete and ple ion, daath oc	ce, and due to the curred et the time,	causa dete e	(s) end ma and plece,	anner as si end dua to	lated.	usa(s)
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,			30 Name and address of person who	completed causa of de	eth (Item 23a)	(Type, F	etrack	ر '	RD	Berli	n	am	219	811	
	Sta Registr		31. Dete filed (Month, Dey, Year) DEC 2 7 199	Jalia Day	na Signalde Classificano										

State of Maryland / Department of Health and Mental Hygiene 96

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						C	ertifi	icate of	Death			Reg. No.		
10			1. Decedent's Name (First, Mid	dle, Last)							2. Dete of De			3. Time of Death
	Physic		Edward Mi	les Brads	hav						Month Decemb	Day er 24, l	Year 1995	1905
	/Medi Exami		4a. Facility Neme (If not institut						4b. City, To	own, or L	ocation of Dear		y of Deeth	
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-	Funerai		5. Social Security Number	8. Sex		(In yrs. lest birthde	av) If	Under 1 Yeer	If Under	24 Hrs.	8 Date of Bi			
	Director		220-28-0385	180 M 2□ F		64 Yrs.	Mo	onths Deys	Hours	Min.	8. Date of Bi	ay, Year) 17,1932	Cou	place (State or Foreign ntry)
			Usuel Residence of Decedent		J						ubrit.	11,1932	mai	ryland
land	M M		10a. State 10b. Coun	ty		10c. City, Town or	Locatio	on						10d. fnside City Limits
Man	2 2	0	Maryland Ca	lvert		No	orth	Beach	1					1⊠Yaa 2□No
the characteristics	280	Director	10e. Street and Number					Of. Zip Code				10g. Citizen of	What Cou	Content
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d 2 should be filed within 72 hours after d	Par Par	S	11. Meritel Stetus 1 Never Married 2 □ Ma	12. Wes De	Forces?	verin 0,5.	If Yes	s, specify Cub	an, Mexica	n, Puerto	ecify Yes or No Rican, etc.)	Bie	ck, White,	can Indian, , etc.
rs aft	0	by F	3 Widowed 4 Divorce	If Yes G	2 No	Korea	101	Yes 2 No	Specify			Speci	y: Wh:	ite
hou	nd Mental Hygiene. marked other than "natural", imatic event, me Mad cal Exa				Detes:			11				1		
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should	Merke	2	Preston P	. Bradsha	W				<u> </u>	ALI	intha V	Evans		
			19a. Informent's Neme/Reletion	nship (Type, Print)		19b. Me	eiling Ad	ddress (Street	end Numb	er or Rui	ral Route Numb	er, City or Town	, State, Zip	o Code)
and	n 27		Leslie H. Brad	shaw (bro	ther) 400:	1 7t	h St.	- PO	Box	531-No	rth Beac	ch, MI	D 20714
98 1	H Per Per		20a. Method of Disposition	. 00		20b. Plece of Dis	position	n (Neme of ry or other ple	ce)	i	Date	20c. Location	- City or To	own, Stete
Peo	Try o		1 ☑ Buriai 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other		n State	\$unnyrid	ge M	lemoria	1 Par	k 12	2/28/96	Crisf	ield.	, MD
mit,	Department of Health e Important: If Item 27 le eny Injury or other tra once.		21. Signeture of Funeral Service	e Licensee				me end Addre						
Ded	Depar Impor eny Ir		Koulund.	" Tours	lew	~					uneral			
	_		Robert H. B		anunad t	the death Deast						ield, MI	218	817
			23e. Part1. Enter the diseese, shock, or heart tailure. Lie	st only one cause on	eech line	ne death. Do not t	anta ian	e mode or dyn	ng, such es	Cardiec	or respiratory a	rrest,		Approximate Interval Between Onset end Deeth
	nysician Medical		Immediate Course (51-s)	- N	200	. 0		1000	۵۵	000	200		1	Criset end Deeth
	xaminer	ш	Immediate Cause (Final disease or condition resulting In death)	e CA	(40)	NULL	M	1414	1	1414	DIV		1	
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b	. 12	įį		- h. LU	N6	CAN	CE	EUL					6	would
certificate be executed	ding physician and sa as the burial-transit	Examiner	Sequentially list conditions,		D	ue to (or as e cons	sequenc	ce of):						
80 0	unal		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury)									- 1	
ate	hysic the b	Medical	thet initiated events resulting in death) Last	C	D	ue to (or es a cons	equenc	e of):					İ	
diffic	0 8	N N		L.									1	
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death	ed by the atte deteched for	Physician	Pert II. Other signiffcant condit	lons contributing to	death but	not resulting in the	under	ving cause giv	en in Pert	f.	23b. Dld	tobação usa co	ontributs to	o the cause of death
requires that the	by th	,t		•							1	Yes 2□ No		bably 4 Unknow
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uire											24a. Was	an autopsy	24b. W	ere autopsy findings
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wel e	has Ja 2	Completed										/	or	death?
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Physician:	certificate rector, pag	Be	25. Was case referred to medic examiner?							e of Deer	th (Check only	one)		
hysi	this c	2	1 ☐ Yes 2 ☐ NO	Hospital:	Inpatien	t 'SUEFVOutpet	ient 3	□ DOA Oth	4 🗆 14	ursing Ho	ome 5 Res	idence 8 🗆 Oti	her (Specil	(y)
		ii.	27. Menner of Deeth 1/☐Netural 5 ☐ Pend	28a. Date	of Injury	Year) 28b. Time		28c. Injui Wor	rk?		28d. Describa	how Injury occu	rred	
Attending	death.	atic	2 Accident inves	tigation			, A		Yes 2 🗆	No				
		tiffic	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide deter	mined 288. Plac	e of Injur	y - At home, farm,	street, f	ectory, office				(Street end Num	ber or Run	al Route Number,
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Hospital	within 24 hours after To the Funeral Dir complately filled In		29a. Certifler 1 Certify	ng Physician: To th	e bast of	my knowledge, de	eth occi	urred et the tir	me, dete ar	d plece,	and due to the	ceuse(s) and m	anner as s	stated.
ž.	n 24 Ne Fr	edicai	(Check only 2 Medica one)	Examiner: On the	basis of e nner stete	xaminetion end/or	investig	getion, In my o	pinion, dea	ith occur	red at the time,	dete and place,	and due to	o the cause(s)
Tot	Vithi Com	Σ	29b. Signature end title of certific	91				29c. Licens	se numbar			29d. Date signe	ed (Month,	Qay, Year)
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			30. Neme and address of person							70				
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	Registr	rar	EC9 (1930		P									

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of the Month **Physician** Baldwin December 24 1996 2:15 M Mira Anderson /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Anne Arundel Medical Center Annapolis Anne Arundel If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) 5. Social Security Number 6. Sex If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 🛛 F Months Days Yrs. Director 69 212-24-3891 Oct 6 1927 New York Usuel Residence of Decedent the Maryland a or 28a-f show 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes XXNo Director MD Anne Arundel Annapolis 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? death with r than "naturel", or items 23a 128 Island View Drive 21401 Funerai United States 12. Wes Decedent Ever In U,S. Armed Forces?

1 Yes, 2 No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 11. Marital Status Pages 1 and 2 should be filed within 72 hours after ment of Health and Mental Hygiene.

nn: if item 27 is marked other than "naturel", or ite may or other traumatic event, the Moster Engine.

nry or other traumatic event, the Moster Engine. 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 TNO Specify: Completed by Specify: 3 Widowed 4 Divorced White 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) United States 12 Inventory Manager Navy 17. Father's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumame) Be 2 James H. Anderson Mira Beaudion 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Edwin H. Baldwin-Husband 128 Island View Drive Annapolis, Maryland 21401 20b. Plece of Disposition (Neme of cametery, cremetory or other placa) 20e. Method of Disposition 20c. Location - City or Town, Stete Buriel 2 Cremetion 3 Removel from Stete permit. Page Department of Important: If any Injury or 4 Donetion 5 ☐ Other (Specify) Hillcrest Memorial Cemetery 12/30/96 Annapolis, Maryland 21. Signeture of Funerel Service License 22. Neme end Address of Fecility John M. Taylor Funeral Home, Inc. Part1. Enter the disease, or complication shock, or heart feilure. List only one of u u 147 Duke of Gloucester St. Annapolis, MD 21401 s that caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, se on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Final disease or condition resulting in deeth) Myocardia Examiner The law requires that the death certificate be executed the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Lest and Due to (or es e consequenca of): P.O. Box 68760. Physician/Medical Due to (or es e consequence of): for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yss 2 No 3 Probably 42 Unknown Records, þ Completed Were autopsy findings eveilable prior to 24a. Wes en eutopsy performed? peen completion of cause of death? certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital Physician: director, Be 25. Wes case referred to medical exeminer? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☑ ER/Outpetient 3 ☐ DOA 2 1 Yes 2 No this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? : After t Certification: 28b. Time of 28d. Describe how injury occurred Division or Attending 1 Matural 5 Pending investigation To the Hospital or Attendin within 24 hours after death. To the Funeral Director: Aft complately filled in by the fur 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homloide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end menner steted. Medicai 29a. Certifier 29b. Signeture and title of a rtifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

AAMO

32. Registrar's Signature

GUMMERSON

DEC 27 1996

31. Date filed (Month, Day, Year)

FRANKLIN & CATHEDRAL ST/ Aungolis warmer

State

Registrar

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State of Maryland / Department of Health and Mental Hygiene

40908 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** /Medical 4e. Fecility Neme (If not institution, give street end number 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner ST. AGNES HOSPITAL BALTIMORE CITY N/A 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) If Under 24 Hrs. 9. Birthplece (Stete or Foreign Country) 8. Dete of Birth (Month, Dey, Year) **Funeral** 1□ M 2 F Days Hours Yrs. Director 577-09-2296 7/28/1909 NORTH CAROLINA Usual Residence of Decedent the Maryland DISTRICT COLUMBIA 10b. County 10c. City, Town or Location "natural", or items 23a or 28a-f show 10d, Inside City Limits N/A WASHINGTON D.C. 14 Yes 2□No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? with 623 ALLISON STREET N.W. 20011 U.S.A. Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. filed within 72 hours efter 1 Never Married 2 Merried 21215-0020 1 ☐ Yes 2 No Specify. þ 3 ☐ Widowed 4 ☐ Divorced Specify. WHITE Completed The Medical 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry marked other than Elementary/Secondary (0-12) Hygiene. College (1-4or 5+) 12 N/A CLERK CIVIL SERVICE .. Pages 1 and 2 should be filed w tment of Health and Mentel Hygier tant: If item 27 is marked other th jury or other traumatic event, the Baltimore, Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be CARL A. BYERS LOLA L. KARRIKER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) FRANCIS B. BYERS (BROTHER) 7th STREET, GLEN BURNIE, MARYLAND 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from State Department of Important: If any Injury or 4 Donetion _5 Other (Specify) GLEN HAVEN MEMORIAL PARK12/31/96 GLEN BURNIE, MARYLAND 21. Signature of Fr 22. Name end Address of Fecility SINGLETON FUNERAL HOME 1 SECOND AVE. S.W., GLEN BURNIE, MARYLAND 21061 e disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediate Cause (Finel PREUMONIA days. disease or condition resulting in deeth) Examiner Due to (or es e consequence ot): The law requires that the death certificate be executed **burial-tran** Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequenca of) use es the Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by ti 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? peen hes this certificate 1 Yes 2 No 1 Yes 2 No Attending Physician: Be 25. Wes case referred to medical 26. Place of Death (Check only one) Hospitel: 1 ⊠Inpatient 2 □ ER/Outpetient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No by the funeral 27. Menner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Affer 5 Pending Investigation 1 Neturel deeth. 1 Yes 2 No 2 Accident af or Attend after deeth Director: / 6 Could not be 3 Suicide 28t. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours a To the Funeral D 1⊠_Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner as steted.
2□ Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29e. Certifier (Check only onel 29b. Signeture and title of certifier 29c. 1 Icense number 29d. Dete signed (Month, Day, Year) MD. 96 08219 28 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) DR. FRANCIS ST. AGNES HOSPITAL, 900 CATON AVENUE, BALTIMORE, MO, 21/29 BUADI 31. Dete filed (Month, Day, Year) 32. Registrer's Signature State Tulia Davidson DEC 3 1 1996 Registrar

State of Maryland / Department of Health and Mental Hygiene 40909 Certificate of Death 1 Decadent's Name (First Middle Last) 3. Time of Death 2. Date of Death Physician Month BROWN, JR. Dec 28 **JOHN** TELLISON 0055 /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner WASHINGTON COUNTY HOSPITAL WASHINGTON HAGERSTOWN 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 6. Sex 1 XM 2 ☐ F 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** Yrs Director 217-05-8264 03/12/1914 MARYLAND Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Experience must be notified at 1 ☐ Yes 2 No Director MARYLAND WASHINGTON HAGERSTOWN 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 10800 COFFMAN AVENUE 21740 death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No if Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American indian, Black, White, etc. 2 should be filed within 72 hours after and Mental Hygiene.

Is marked other than "natural", or ite. 1 □ Naver Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: p 3 X Widowed 4 Divorced WHITE 15. Decedant's Education (Specify only highest grade completed) 16a. Dacedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) STATE OF MARYLAND 12 SEAFOOD MARKETING NONE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) ETHEL BAKER JOHN T. BROWN, SR. 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. informant's Name/Relationship (Type, Print) permit. Pages 1 and 2 st Department of Health and Important: If Item 27 ia in any Injury or other traun (NEPHEW) 10800 COFFMAN AVENUE 21740 VAUGHN H. DULLABAUN HAGERSTOWN, MD 20b. Place of Disposition (Name of cametery, crematory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 01/03/ 1997 1 ABurial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) GLEN BURNIE, MARYLAND GLEN HAVEN MEMORIAL PARK 21 Signature of Funarel Service Licent 22. Name and Address of Facility SINGLETON FUNERAL HOME, PA Ra lu SECOND AVE., S.W. GLEN BURNIE, MD Part1. Entar tha disaasa, of complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onset and Death Physician /Medical immadlata Cause (Final diseasa or condition resulting in deeth) preumonia Examiner Due to (or as a consequence of): Examiner burial-transit Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and Dua to (or es e consequença of): physician the burial Box 68760 Physician/Medical Due to (or as a consequence of) igned by the a Part ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? Records, P.O. 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown signed by failure þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy peed complation of cause of death? 1 Yas 2 No 1 TYes 2 No Division of Vital Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1□ Yes 2□ No 2 1 Inpatient 2 □ ER/Outpatient 3 □ DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of Certification: After 1 Natural 2 Accident 5 Pending i or Attandin after death. Director: Aft 1 Yes 2 No Invastigation 6 Could not be determined 3 Sulcide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 T Homicida filled in Hospital 24 hours a 24 hours a Cartifying Physician: To tha best of my knowledge, death occurred at the time, date and placa, and due to tha causa(s) and mannar as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and mannar stated. 29a. Certifier Medicai To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D32518

Geeting

Lane Keedysville

State Registrar 30. Nama and address of person who complated causa of death (itam 23a) (Type, Print)

100

32. Registrar's Signature

Guedenet

31. Data filed (Month, Day, Year)
DEC 3 1 1996

Division of Vital Records, P.O. Box 68760. or Attending Physician:

After t s efter death. 3 To the Hospital o within 24 hours ef To the Funeral Di completely filled is Medical

27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 30A M 1 Deturai DRIVEN OFCAR IN IMPOGUITH 1 Yes 2 No 122596 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piaca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 ☐ HomicIde

29a. Certifier (Check only

235 SACSDEPAJRO CZYLCO MO Certifying Physician: To the best of my knowledge, death occurred at the time, dete and piece, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

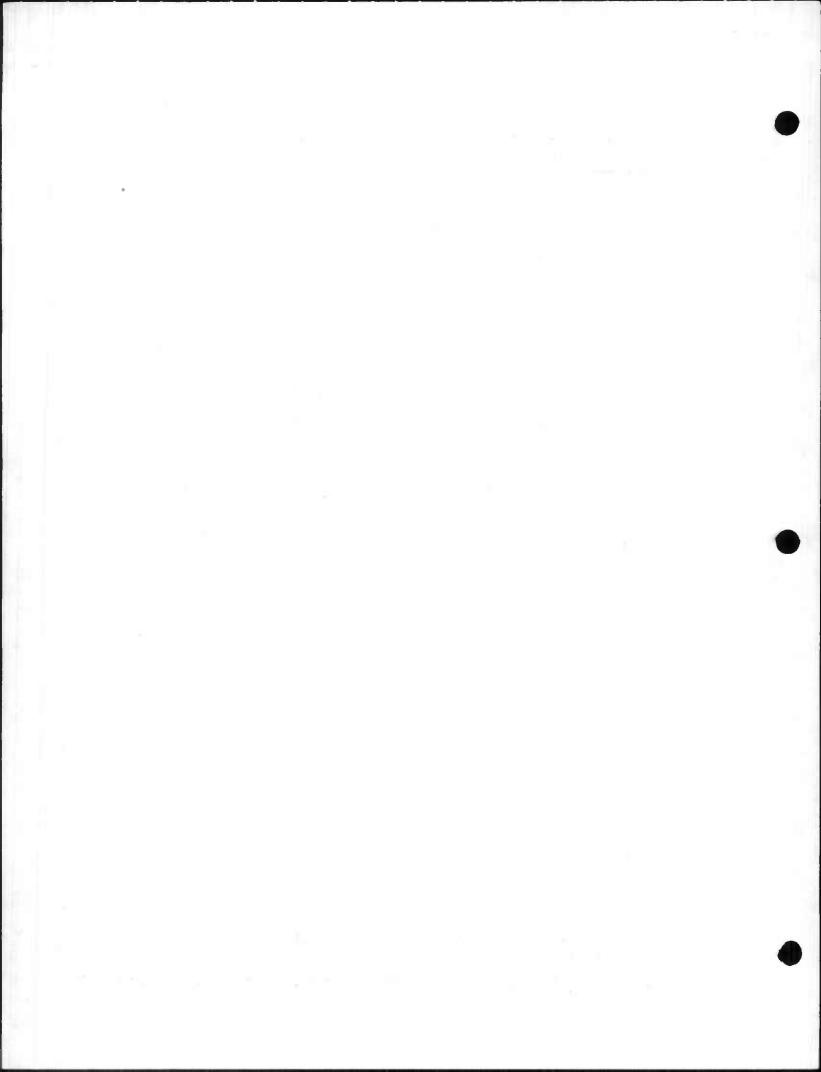
29b. Signature end title of certifier

29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E. DECEMBER 26, 1996

30. Name and address of berson who completed cause of deeth (ttem 23a) (Type, Print)

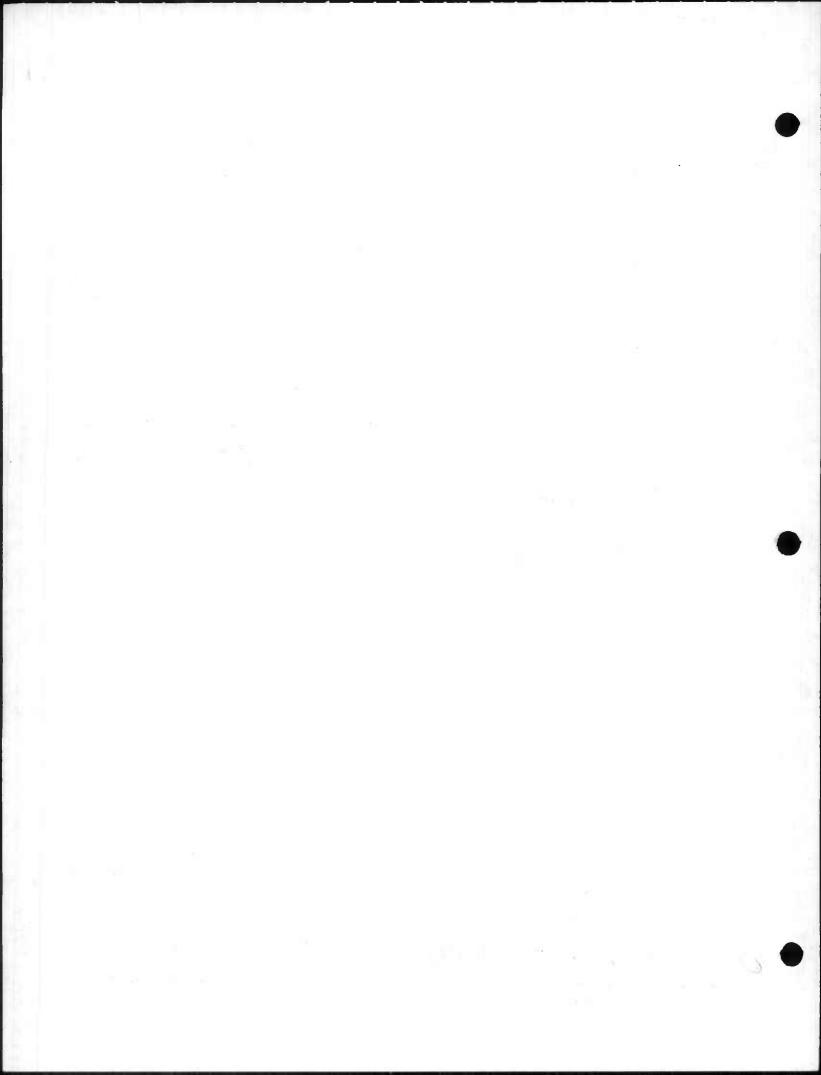
Koober MO 12014V 111 Penn Street, Baltimore, Maryland 21201

State Registrar RODOWDY



State of Maryland / Department of Health and Mental Hygiene

Physician //Medical Examiner DAVID E. CLARK 4a. Facility Name (if not institution, give street and number) 8 DUDLEY STREET Social Security Number 18 -60-1996 19 -7 Age (in yrs. last birthday) 10 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -					Certifica	te of Death	id Workar Fr	Reg. No.	96 1	40911
## As Fasting Name Office fashborous passes and numbers of Description Company of Supplemental Company			1. Decedant's Name (First, Middle, Last) DAVID E.							
Second Second Production Second Second Production Second Second Production Sec								th 4c. County	of Death	
106. Chart of the control of the c			218-60-1996		Months	r 1 Year If Undar 24 Days Hours	Min. Jan. 8,	"1953".		a (State or Foreign
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Physician Phys	th with the 23a or 284	ral Direc								7
Physician Phys	020 ours after dea air, or items	þ	1 ☐ Never Married 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, GiveX	If Yas, spe		n? (Specify Yas or N Puarto Rican, etc.)		ck, White, etc.	
20. Method of Direction Common Com	D To be seen	ompleted	(Specify only highest grade	completed)			f working			
20. Method of Direction Common Com	yiand yield build be filed Mental Hygenty erked other effice event,	Be	Eugene D. Clar			Marie	Gard	ner		
20. Land Discolation 20. Decision	Mar 12 sh 12 sh 18 m									
Physician Medical Examiner 2. Sequentially list conditions as consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Consumption of the part of	Hear tem		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Burial	20b. F	Placa of Disposition (Na cemetary, crematory or	me of other place)	c. 26,	20c. Location -	City or Town,	State
Physician Medical Examinor Physician Medical Examinor	Balt permit. Departu Importa any Inju	MINE	De care	y ·	Eichho	rn-McKen	zie Fune		me	
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The second of th	executed n and ial-transit	Examin	Sequantially list conditions, if any, leading to immediate	Due to (c	or as a consequence of)			-		
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29a. Cartifier (Check only one) 29b. Signature and titla of certifier 29b. Signature and address of person who completed cause of death (Ijam 23a) Type, Print) 30. Name and address of person who completed cause of death (Ijam 23a) Type, Print) Stephen S. Radentz, MD 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and due to the cause(s) and mannar as stated. 29c. Licansa number 29c. Licansa number 29d. Date signed (Month, Day, Year) O.C.M.E DEC. 25, 1996 30. Name and address of person who completed cause of death (Ijam 23a) Type, Print) Stephen S. Radentz, MD	Phy arthis eral d			28a. Date of Injury		DA 4 Nursir	1 2 2 2			
30. Name and address of person who completed cause of death (Ijam 23a) (Type, Print) Stephen S. Radentz, NO 31. Name and address of person who completed cause of death (Ijam 23a) (Type, Print) Stephen S. Radentz, NO	LIVISION tal or Attending rs after death. al Director: Afte led in by the fun	Certification	2 ☐ Accident Investigation 3 ☑ Suicide 6 ☐ Could not be	12-24-96 28a. Placa of Injury - At he building, etc. (Specify	7:30 PM	1 ☐ Yes 2 ₺ No	28f. Location (City or To	Street and Numb wn, Stata)	eror Aurai Ro Ducilex	oute Number, Street
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	600		DATUAL A	r Nacr	15 40	O.C.M.E		DEC.	25, 1	996
		3 ate	Stephen S, Rade, 31. Date filed (Month, Day, Year)			treet, Ba	ltimore	, Maryl	and 2	1201



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40912 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** 96 19 9:00P.M. 12 Martha Eleanor Cave /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Frostburg St. Vincent Depaul Nursing Home Allegany 8. Data of Birth (Month, Day, Year)

May 14 1903 Piedmont, Wv 7. Aga (In yrs. last birthday) If Undar 1 Year If Undar 24 Hrs. 8. Data of Birth (Months Days Hours Min. (Month, Day, Year) 5. Social Sacurity Number 1 M 2 XF 218-30-0446 93 Usual Rasidance of Decedant 10a Stata 10b. County 10c. City, Town or Location 10d Insida City Limits Yas 2□No Director Allegany Luke 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 323 Pratt Street 21540 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 14. Race - American Indian, Biack, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Yas 2 ☒ No If Yes, Giva Yaar or Datas: 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yas 2K No Specify: Specify: White þ 3 → Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Homemaker Self 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) Be William A. Bryant MaryLinda (Mickey) Bryant 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) James Cave 116 East St. Apt 7 Keyser, Wv 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1⊠ Burial 2 □ Cramation 3 □ Ramoval from Stata 12-22-96 Westernport, Md 4 ☐ Donation 5 ☐ Other (Specify) Philos Cemetery 22. Name and Addrass of Facility
Fredlock Funeral Home P.O. Box 4 Piedmont, W

23a. Part1. Entar tha disaase, or complications that caused the death. Do not writer the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Piedmont, Wv 26750 Approximata Intarval Between Onset and Death immediata Causa (Final CARDIAC disaasa or condition rasulting in daath) Physician/Medical Examiner Sequantially list conditions, if any, laading to Immadiata causa. Entar Underlying Cause (Diseasa or Injury that initiated events rasulting in daath) Last Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Synd Rom 6. BRALL by 24b. Wara autopsy findings availabla prior to completion of causa of daath? 24a. Was an autopsy performed? Completed 1 Yas 2 No 1 □ Yas 2 □ No 25. Was casa rafarred to medical axaminar? Be 26. Place of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) Certification: To 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding 1 Natural invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 8 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29a. Certifiar (Check only one) 15/Certifying Physician: To the best of my knowledge, daath occurred at tha time, data and place, and dua to tha causa(s) and mannar as stated. Medical 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifian 29c. Licanse number 29d. Data signed (Month, Day, Year)

within 24 hours after death To the Funeral Director: / completely filled in by the

Funeral

Director

the Maryland

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hysiene.
Important: If item 27 is marked other than "natural", or items 23a or 28a-f show with Injury or other traumatic event, the Medical Expirities must be notified at once.

Physician /Medical

Examiner

attending physician

signed by t

has 10 2

certificate

this

After

after death.

the Hospital

or Attending Physician: The law requires that the death certificate be executed

Box 68760,

Division of Vital Records, P.O.

Baltimore, Maryland 21215-0020

State Registrar

31. Data filad (Month, Day, Year) DFC 27

M. O Rt 36 Frost burg plaza Frost Burg Mary land 21532 SATURNINA T. CHANG 32. Pegistrary Signatura
Salva Shuralson Randall

30. Nama and address of parson who completed causa of death (Itam 23a) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Data of Death

Day

Year)

4c. County of Death

Month

AUG 3,

40913

Physician /Medicai Examiner

RUTH WILLISON CARPENTER 4a. Facility Name (If not Institution, give street and number)

1 □ M 2 🗓 F

SACRED HEART HOSPITAL

1. Decedent'a Name (First, Middle, Last)

5. Social Security Number

220 07 6091

DECEMBER 28 1996 4b. City, Town, or Location of Death

CUMBERLAND If Under 1 Yaar If Undar 24 Hrs. 8. Data of Birth Months Days Hours Min. (Month, Day, 3. Time of Death 10:31AM

Birthplaca (State or Foreign Country)

10d. Inside City Limits

1X Yas 2 No

MARYLÁND

Black, Whita, atc.

WHITE

Approximata Intarval Between Onset end Death

yms

24b. Were autopsy tindings available prior to completion of ceuse of death?

1 ☐ Yas 2 ☐ No

29d. Date signed (Month, Day, Year)

101 Cumberland MD 21502

DECEMBER 30, 1996

Funerai Director

filed within 72 hours after death with the Maryland "natural", or items 23s or 28s-f shoredizal Examiner must be notified at

21215-0020

Baltimore, Maryland

Pages 1 and 2 should be filed within 72 ho nent of Health and Mental Hygiene. ant: If Item 27 Is marked other than "natur ury or other traumatic event, the Medical. Department of Important: If any injury or

Physician /Medical Examiner

for use as the burial-transit pue physician is certificate has been signed by director, page 2 should be detact To the Hospital or Attending Physical Within 24 hours after death.

To the Funeral Director: After this or the funeral

The law requires that the death certificate be axecuted

Records, P.O. Box 68760.

Division of Vital or Attending Physician:

Physician/Medical Examiner à Be Completed 2 Certification: filled in by Medicai

29b. Signature and titla ot certiff

OU

amol

D. 625 Kent A W. 3249ogistrars Signature Was Develor Royal

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location Director MARYLAND ALLEGANY FROSTBURG 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 15 FROST AVENUE U.S. Completed by Funeral 21532 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puarto Rican, etc.) 11. Marital Status 14. Race - American Indian, 1 ☐ Yas 2 ☑ No If Yes, Giva Yaar or Dates: 1 Nevar Married 2 Married 1 Yes 2♥ No Specify 3√Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be LAWRENCH WILLISON 2 DORA EVANS 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) DONALD CARPENTER/SON 312 HIGHLAND ROAD, CHRISTIANA, PA 17509 20b. Place of Disposition (Nama of cemetery, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 XBurial 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) FROSTBURG MEMORIAL PARK 12/29/96 FROSTBURG, MD 21532 22. Nama and Addrass of Facility SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532 Part¹. Enter the disease, or complications that caused tha death. Do not enter the moda ot dying, such as cardiac or respiratory arrest, shock, or heart tallure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Diseas Coronary Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of): Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24a. Was an eutopsy performed? 1 ☐ Yes 2 No 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Date of injury (Month, Day Year) 28b. Time of 28c. tnjury at Work? 28d. Dascribe how injury occurred 5 Pending Investigation 1-2 Natural 1 Yes 2 No 2 Accidant 8 Could not be detarmined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) 4 - Homicide 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one)

29c. Licansa number

Avenue

033280

7. Aga (In yrs. last birthday)

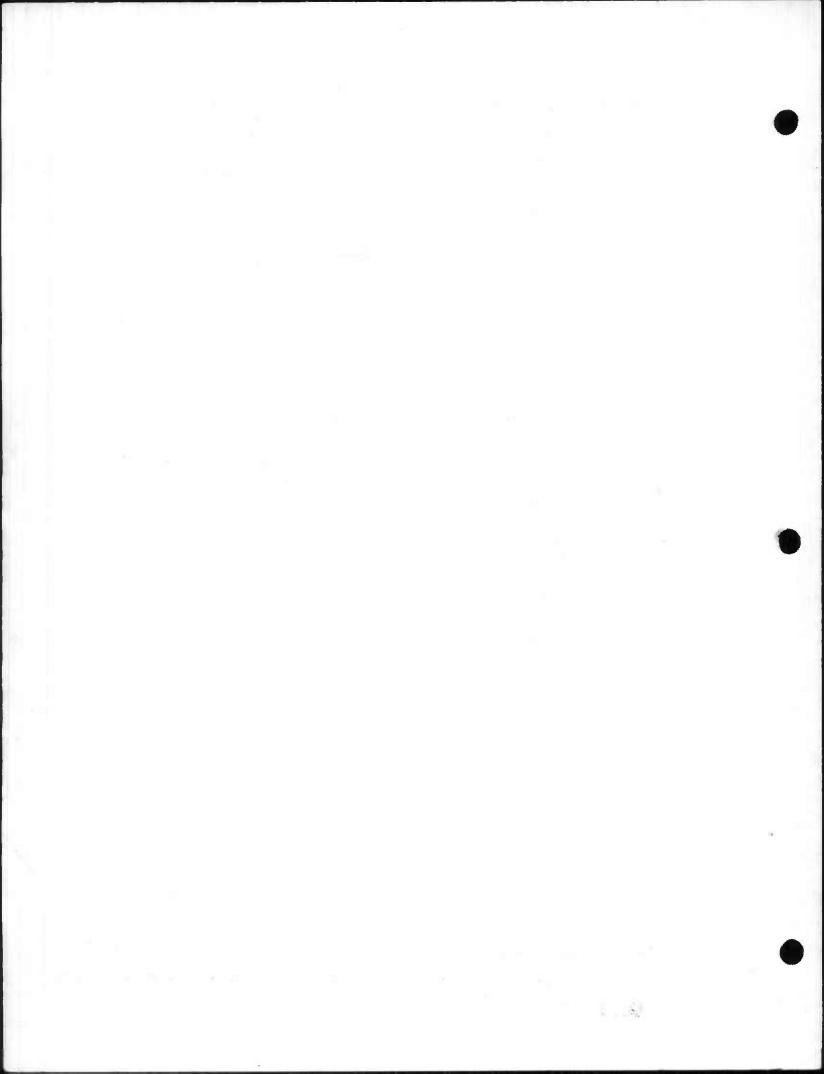
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Yrs.

DHMH 16 Rev 6/95

State Registrar

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State of Maryland / Department of Health and Mental Hygiene

40915

						C	ertifica	ate of	Death			Reg. No.		10310
П	D11-1		1. Decedent's Neme (First, Middle	, Last)							2. Dete of De		Vaca	3. Time of Counth
J.	Physic /Medi		Della S. Ca	mpbell						- 4	Dec 2	5, ^D 1 996	Year	11:25
	Exami		4e. Fecility Neme (If not institution Memorial Hos		umber)				4b. City, To		cation of Deet nd	4c. County Alle		
	Funerai Director	Γ	5. Sociel Security Number 220–10–4968	6. Sex 1 □ M 2 ☐ F	7. Age (In) 78	rrs. lest birthd Yrs	Month	r 1 Y r	If Under :	24 Hrs. Min.	8. Dete of Bir (Month, De Apr	16, 1918	9. Birthp	lece (Stete or Foreign
	pu ,		Usuel Residence of Decedent		140	O. T.								
	e Maryla Se-f ahov	ctor	MD Alleg	any	106.	Cumk	perlar	nd					1	0d. Inside City Limits 1 XYes 2 □ No
	्री क्रिक्	Dire	10e. Street and Number				101.	Zip Code				10g. Citizen of V		try?
	ath w	rai	14308 Uhl High	-				2150				US		
020	within 72 hours after death with the Maryland lene. Than "naturel", or ferms 23s or 28s-f show the Medical Exartine must be ruffled at	by Funeral Director	11. Marital Stetus 1 Never Married 2 Marri 3 Widowed 4 Divorced	Armed F	2₽No ive	10,5.	If Yes, s	pecify Cub	en, Mexican	gin? (Spe , Puerto I	cify Yes or No Rican, etc.)		e - Americ k, White,	
2-0	72 ho	ted	15. Decedent	s Education	,	16a. De	cedent's U	suel Occu	pation	af wadel		16b. Kind of Bu	siness/Inc	lustry
21215-0020	filed within ? Hyglene. ther then "r ent, to Med	Completed	(Specify only highes		/ (1-4or 5+)	lif	ntwist	use retire		OI WOIKII	ng .	Texti.	le	
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	5 ± 2 L		19e. Informent's Neme/Reletionsh Mary Schleret		ghter		-					er, City or Town, cland MD		
Baltimore,	S T X		20e. Method of Disposition 1		0	b. Plece of Di cometery, of St. Ma:	cremetory o	r other ple	ery	l	Dete 12/28	20c. Location - Cumber		
Balti	pemit. Pag Department Important: h eny injury o		21. Signature of Funeral Service I		0011	nd)-			ess of Facility III Fu	nera	1 Home			
	- 8		23a. Part1. Enter the disease, or shock, or heart failure. List	complications that	caused the d	eeth. Do not						rrest,	1	Approximeta Interval Between
	Physician /Medical Examiner		Immediete Cause (Finel diseese or condition		neumoni	la								Onset and Deeth
		iner	resulting in deeth)	Ar	Due to	o (or es e con	sequence o	ot):						10 yrs.
ó	axecute an and inal-trans	Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events	D. ———	Due to	o (or es a con	sequence o	it);						
x 68760,	eath certificate be axecuted attending physician and for use as the bunal-transit	//Medical	that initiated events resulting in deeth) Last	d	Due to	(or es e con	sequence o	f):					1	
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, P.O.	requires that the de sen signed by the a hould be detached	y Physician	Pert II. Other algorificant condition Senile Dement		leath but not	resulting in th	e underlying	g cause gi	ven in Pert I.					the cause of death? Debly 4□Venknown
Records,	2 s	Completed by									24a, Was perfo	an autopsy ormed?	ava	ere autopsy findings silable prior to mpletion of cause deeth?
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Vital	ician: Th certificate rector, pay	Be	25. Wes case referred to medical examiner?						7.7	of Death	(Check only	one)		
of	Physician: this certific ral director,	2	1 Yes 2 No			☐ ER/Outpa		DUA				dence 6 DOth)
Division	0 000	Certification:	27. Menner of Deeth 1 Naturel 5 Pending 2 Accident investig 3 Suicide 6 Could n	etion	of Injury ofth, Dey Year	28b. Tim Injui		28c. Inju Wo	ryet ork?]Yes 2⊡I	No		how injury occurr		
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	To the Hospital or A within 24 hours after To the Funeral Direct Completely filled in b	ledical	one) 2 Medical E	Physician: To the parniner: On the b and mar	e best of my loasis of examiner steted.	(nowledge, de inetlog and/or	Investigeti	on, in my	opinion, deel	d plece, a th occurre	and due to the ed at the time,	dete end plece,	and due to	the cause(s)
	To To	M	29b. Signeture end title of certifier	Mul	5/		2		se number 36766			29d. Dete signed	3 (Month,	(946
1	RUS		30. Name and address of person of Dr. Vic Poon			ick St		Cumb	erland	a, MI	21502	3001		
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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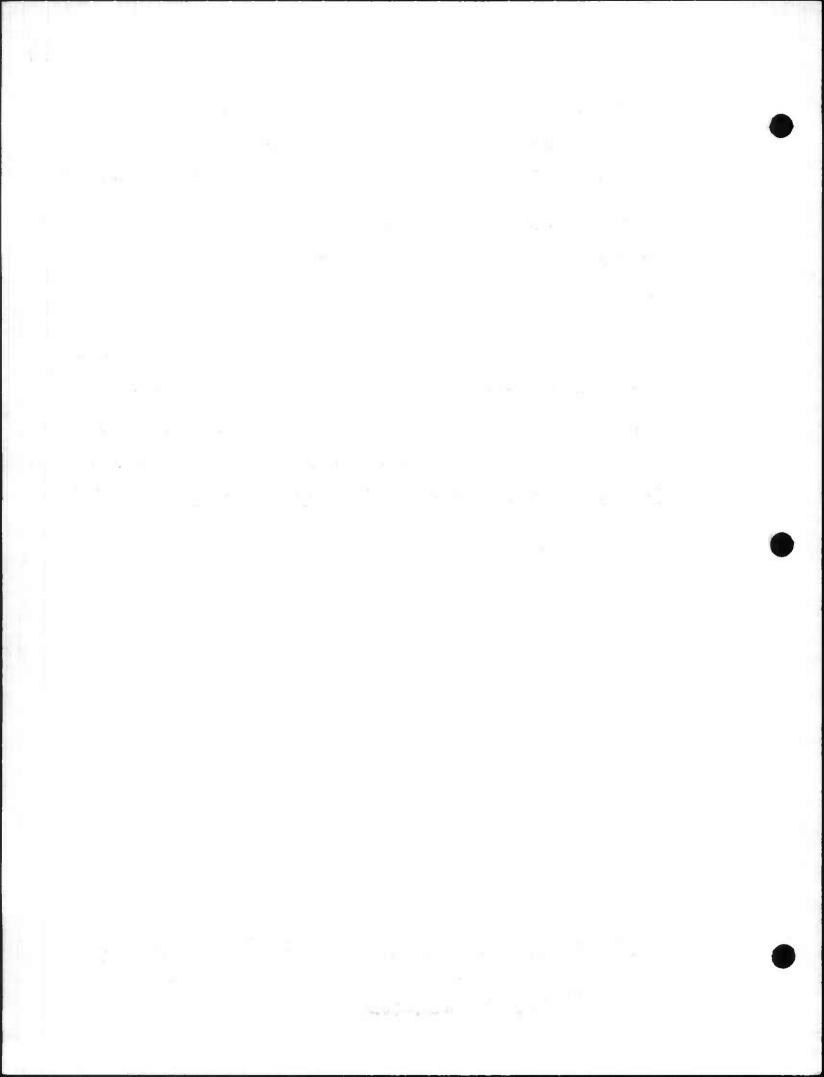
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	Funeral		5. Social Security N		Sex		. last birthday			If Under	24 Hrs.	8. Dete of Bi (Month, D	irth .			ce (State or Fore	ian
	Director		217-05-	0418	1□M 2\(\infty \)F		86 Yrs.	Months	Days	Hours	Min.	JUNE 1	3 19	10	LUKE,	ce (State or Fore /) MD	
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	ylan		10a. State	10b. County		10c. C	ity, Town or L	ocation							100	. inside City Lim	its
	Me TE	ţ	MARYLAND	ALLEGA	MV	1	LUKE									1 Yes 2 □ 1	Vo
	28 5	Director	10e. Street and Nur		TAT		JUKE	10f. Zip	Code				10a. Ci	tizen of V	What Countr	n	
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	n 72 hours after death with the Maryland "naturel", or frems 23a or 28a-f show safeal Examiner must be notified at	Funeral	11. Meritel Stetus	DVISON A		edent Ever in l	18 12	_	154		ala 2 /Sas	ecify Yes or N			STATES e - American	Indian	
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Maryland 21215-0020	2 sho		19a. Informant's Na				19b. Mail	ing Address	(Stree	t and Numbe	er or Rura	al Route Numi	ber, City	or Town,	State, Zip C	ode)	
	f Health frem 27 other tr			FAZENBAKI	ER, DAUC					ST.,	WEST	ERNPORT					
ore	8 7 = 0		20a. Method of Disp	oosition Cremetion 3 [TRamovai from	Ctoto	Place of Disponentery, cre	matory or of	her pla			Dete	20c. L	ocation -	City or Tow	n, State	
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State of Maryland / Department of Health and Mental Hygiene

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						Certificate	e of	Death			Reg. N	lo.		
г			1. Decedent's Name (First, Middle, Last	1)						2. Date of De	ath	-	V .0.	3. Time of Death
	Physici /Medi		Francis Sydney	Cushwa						Dec. 2	8, [1996	Year	8:00 p·m
	Exami		4a. Facility Name (If not Institution, give	street and number)				4b. City, To	wn, or Lo	cation of Deat	h 4	c. County	of Death	
			1158 Luther Drive	3					rsto	wn		Wash:	ingto	'n
	Funeral Director		214-09-11/3	7. Age (In yrs. X M 2 F 94	lest birthe	Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Date of Bir (Month, De Jan . 3	th Yar	802	Loun	laca (Stata or Foreign office) yland
	and and		Usual Rasidence of Decedent 10a. State 10b. County	10c. C	itv. Town o	or Location							1	Od. Inside City Limits
	he Maryl 28a-f sho cutted a	Director	Maryland Washing		agers	town								1 ☐ Yes 2 ☑ No
	with	급	10e. Street and Number			10f. Zip		^					What Coun	Ary?
	ne 23	era	1158 Luther Drive	12. Was Decedent Evar In L	IS	Z.	174		oln? (Spe	cify Vas or No		SA 14 Bac	e - Americ	en Indian
Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23 or 28a-f show amportant: if item 27 is marked other than "natural", or items 23 or 28a-f show amportant: if item 27 is marked other than after than a Maryland Exeminer must be notified at 2006.	by Funeral	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forcas? 1 ☐ Yas 2 ☒ No If Yes, Give Year or Datas:		It Yes, speci	ify Cub	an, Maxicar Specify:	, Puarto	Rican, etc.)			k, Whita,	atc.
0	2 hor	be	15. Decedant's Edu		16a. D	ecedent's Usual	Occup	pation			16b.	Kind of Bu	usiness/Inc	
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Z.	d Mer d Mer marke	10	Victor Monroe	Cushwa	400.0	***** * * * * * * * * * * * * * * * *	10. C.	Susa				Fecht		
Ma	d2 si th an 7 ls r		19a. Informant's Name/Relationship (T)	/pe, Print)		failing Addrass								4710
	Heelth Heelth Iem 27 I		Sarah J. Lyon 20a. Mathod of Disposition	20b.	Place of D	Forest isposition (Nem	e of		Hager	Stown,			City or To	1/42 wn. Stata
Baitimore,	Pages ment of I ant: If its ury or of		1 ☐ Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)	demoval from State		ill Ceme			1/	2/97				Maryland
Bait	permit. P Departme importan any injur		21. Signature of Funeral Service Licens	Minnico	2	Gerald	N.	Minni	.ch	305 N				
			23a. Part1. Enter tha disease, or complessory or heart tailure. List only or	lications that coused the dea	th. Do not	Funeral enter the mode	L Ho	ome ng, such as	cardiac o	Hagers or respiratory a	TOV	m, M	aryla	Approximate
4	Physician		shock, or heart tailure. List only or	ne cause on each line.										Interval Between Onset and Death
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ords	v requires that tha death been signed by the etter should be detached for a									24a. Was	an aut	opsy	ava	era autopsy tindings allable prior to
Record	≥ <u> </u>	Completed											of	mpletion of cause death?
<u>ro</u>	ician: The lev certificate hes rector, page 2		25. Was case reterred to medical					00 01	-4 D 1	10		2 No	1L	Yes 2 No
Vita	Physician: r this certific and director,	o Be	examinar?	Hospitai: 1 ☐ Inpatient 2 ☐] ER/Outp	atient 3 DO/	Oth	200		<i>µeneck only o</i> me 5□ Resi		a Doth	ar /Snacih	u)
on o	Afte fune	tion: T	27. Manner of beath 1 Natural 5 Pending 2 Accident Invastigation	28a. Date of Injury (Month, Dey Year)	28b. Tim Inju	ne of 28	Bc. tnju		2	28d. Describe			-	9
Division of	or Attanding after death. Director: After in by the fune	Certification:	3 Sulcide 8 Could not be datarmined	28e. Placa ot tnjury - At h building, atc. (Speci	ome, farm	street, tactory,				28f. Location (City or To	Street i	and Numb	er or Rura	I Route Number,
	To the Hospital or within 24 hours after To the Funeral Director completely filled in	edical C	29a. Certifier (Check only one) 29 Medical Examle	sician: To the best of my kno ner: On the basis of examine and manner stated.	owiedge, d	leath occurrad a or Investigation,	t the ti	me, data an opinion, dea	d place, a	and dua to tha ed at the time,	ceuse(s) and ma	innar as st and dua to	ated. the cause(s)
	o the	Me	29b. Signatura and title of certifier	and mainer stated.	N	29c.	Licens	a number			29d. D	ate signer	d (Month, i	Dey, Year)
	- s - ö		(Y, ROK) 100 H)	n Merryal	thus	ino.		14	350	7		12/	1/0	,
			30. Name and address of person who co	ompleted cause of death (Iter	n 23a) (Ty	rpe, Priet)	P	01	10			11/3	476	
			Robert Buil	1 1459	(Po Vomo) (Ave	6	10001	cto	Tun		
	Sta		31. Date tiled (Month, Day, Year)	32. Registrar's Signa	afure	and the			1		-			
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State of Maryland / Department of Health and Mental Hygiene 96

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						Ce	rtificate	of	Death			Reg. No.		40010
	U.B. CA		1. Decedent's Neme (First, Middle, La	est)							2. Dete of De	eth	1000	3. Time of Death
	Physic		Harry Donald Cle	ever							Month December	28, 199	Yeer 6	0705
ь	/Medi Exami		4e. Fecility Neme (If not institution, gir	_	umber)				4b. City, To	own, or Lo	ocation of Deeth		ty of Deeth	0703
1	L. Aditiii	ici	11006 Larch Aven	110					Hager				hingto	าท
Н	F			Sex.	7. Age (In yrs.	lest hirthdey)	If Under	1 Yeer			8. Dete of Birt			olace (State or Foreig
	Funeral Director		203-10-6048	1 1 M 2 □ F	79	Yrs.	Months	Deys		Min.	(Month, De	1917	Cour	ntrv)
	Director		Usuel Residence of Decedent		15						May 19,	1717	remi	sýlvania
	land w		10e. Stete 10b. County		10c. Ci	ity, Town or Lo	cation						1	0d. Inside City Limits
	day	6	Maryland Washi	natan		Hager	atorm							1 ☐ Yes 2 No
	the the l	Director	10e. Street and Number	ngton		nager	10f. Zip (Code.				too Citizen of	Man et O	
	With With											10g. Citizen of		ntry?
	72 hours after death with the Manyand natural; or items 23a or 28a-f show diest Examiner must be notified at	Funeral	11006 Larch Avenu					174				USA		
	ar de	S	11. Meritei Stetus	Armed F		J,S. 13.	Wes Decede f Yes, speci	ent of the front of the following the first of the first	Hispenic Ori en, Mexica	igin? (Sp n, Puerto	ecify Yes or No- Rican, etc.)	14. Re	ce - Americack, White,	ean Indian, etc.
20	o aft	by F	1 Never Merried 2 Married	If Yes, G			1 □ Yes 2	□X No	Specify:			Speci	lfv: v n	
21215-0020	ural	d b	3 Widowed 4 Divorced	Yeer or I	Detes:								/ Wh:	ite
Ϋ́	72 nat	Completed	15. Decedent's E (Specify only highest gr	ducetion ade completed,)	(Give	dent's Usuei kind of work	done	during mos	t of work	ing	16b. Kind of I	Business/Ind	dustry
2	e filed within al Hygiene. I other than "	du	Eiementery/Secondary (0-12)	College	(1-4or 5+)		DO NOT use	retire	nd)			T	D	0
	Hygie ther ti	S)			Weld	er							r Company
2	d off	Be	17. Fether's Neme (First, Middle, Last)					18. Mothe	er's Nem	e (First, Middle,	Meiden Suma	me)	
yla	should be nd Mental merked o	2	Harry O. Clever						Doro	othy	Lowans	Kinc	aid	
Maryland	2 sho and is ma		19e. Informant's Neme/Relationship	Type, Print)		19b. Mellin	ng Address	(Street	end Numbe	er or Run	al Route Numbe	er, City or Town	n, State, Zip	Code)
	Dag Z		Mary C. Clever			11006	Larch	ı Av	venue	Has	gerstown	. Marv	land	21740
re	of Hear Item	-	20e. Method of Disposition		20b. I	Plece of Dispo cemetery, crer	sition (Nem	e of	ice)		Dete	20c. Location		wn, State
E	Pages nent of nrt: If its iry or o		1 ☐ Neurial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special		2(6(6					wb 10	/31 /06	Uncore	tour	Maryland
Baltimore,			21,810mature of Funeral Service Lice		1 0		. Name end				2/ 31/ 30	nagers	LOWII,	ralyland
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	_	١.	screen [.]	1 MM	en		meral				Hagers	town, M	Maryla	
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	one cause on	caused the deat each line.	th. Do not ent	er the mode	of dys	ng, such as	cardiac (or respiratory ar	rest,	i	Approximete Interval Between
	Physician)	1 1			1 .				i	Onset end Deeth
	/Medical Examiner		Immediate Cause (Final disease or condition	. 1	ancea	st t	un	2	1/	M	Can	101.		wouths.
	LAdimilei	L	resulting in death)			or as a conseq	uence of):		1)				
	9 %	Examine		52									- 1	
	icate be executed physician and s the burtal-transit	E E	Sequentially list conditions,	0.	Due to (c	or as a conseq	uence of):						-	
ó	and and and and and and and and and and		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying											
68760,	ertificate be fing physicia is as the bur	Medical	Cause (Disease or injury that initiated events resulting in death) Last	C	Due to (c	r as a conseq	uence of):							
	10 pe	Jed	resulting in death) Cast										- 1	
Box	0 22			d										
	e death the atter hed for u	Physician	Part II. Other significant conditions of	ontribution to d	eath but not ree	ulting in the ur	ndarlving ca	ino cis	on in Part I		23h Did t	nhanno una ci	ontribute to	the cause of death'
Ö	2 56	ty.			0	200					1524	/		ombly 4 Unknow
۵.	E 89	by P	(Wohic BLSV rd	is lung	dice	ge					1 00	100 2LJ NO	3 Prior	and all outside
Records,	een signe hould be	D D	11-11-1	,							24a Was	an autopsy	24b. We	are autopsy findings
ö		Completed	anewadosis									med?	800	silable prior to impletion of cause
ě	基 型(N	d E	1 /	0.								,	of (death?
	产 書意	Ö	MADNOTEC Synd	rane	4						1 🗆 Y	es 2 0 10	10	Yes 2□ No
Vital	ician: Th certificate rector, pa	Be	25. Was case referred to medical examiner?						26. Place	of Death	h (Check only o	ne)		
6	Physician: This certific	2	1 Ves 25/No	Hospital: 1	Inpatient 2	ER/Outpatien	t 3⊡ DOA	Ott	sec 4□ Nu	ursing Ho	me 5 Aesid	ience 6 🗆 Ot	her (Specify	9.
2		Ë	27. Manney 6 Death 1 SeNatural 5 ☐ Pending	28a. Date (Mon	of Injury th, Day Year)	28b. Time of Injury	28	a. Injur War	y at		26d. Describe h	law injury occu	med	
Division	Attending ir death. ector: Alte by the fune	atic	1 Matural 5 Pending 2 Accident Investigation		INSTITUTE FATOR		м		Yes 2	No				
<u> </u>	Afte Pr de Dy 11	ific	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined	286. Place	of Injury - At h	ome, farm, str	et, factory,	office			28f. Location /5	treet and Num	ber or Aura	l Route Number,
ā	al or A Bline d in b	Certification:	4 LJ Homode	Dulid	ing, etc. (Specif	y)					City or Tow	m, state)		
	To the Hospital or Attanswithin 24 hours after deat To the Funeral Director: completely Illed in by the		29a. Certifier 1 Certifying Ph	ysician: To the	best of my kno	wledge, death	occurred at	the tir	me, date an	d place,	and due to the o	ause(s) and m	anner as st	ated.
	24 e H	edical	(Check only 2 Medical Exam	niner: On the b	asis of examina ner stated.	tion and/or inv	estigation, i	n my o	plnion, dea	th occurr	ed at the time, o	date and place.	, and due to	the cause(s)
	die de la company de la compan	ž	29b. Signature and title of positive	/	10.00.000.000.000		29c.	Licens	e number		1 :	29d. Dete sign	ed (Month,	Dey, Year)
	- 3 - 0		· /////					7	26	ani	-	12/	3115	
,			1/4/1				D 1 10		200	00		10/	-///	0
			30. Name and address- of person legs	completed caus	se of deeth (Iter	- 11		12		1	ach	1-	07	1742
			31. Dete filed (Month, Dey, Year)	100	7 / / L	205 46	m /	AL	2/	125	Osque	n	V- 21	,
	Sta Registr				Registrer's Signe	and a	1 44							
	riegisti	GI .	DEC 9 T	1996	ILVA, AVINE	WITTEN	4							

State of Maryland / Department of Health and Mental Hygiene 40919 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Daath Month **Physician** William Marion CHANEY Dec 05. 1996 /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington County Hospital Hagerstown Washington Hours Min. 8. Data of Birth (Month, Day, Yaar) Oct. 9, 1898 5. Social Sacurity Number If Undar 1 Yaar 6. Sax 7. Aga (In yrs. last birthday) **Funeral** Birthplaca (Stata or Foraign Country) 17 M 2□ F Months Days Yrs. 98 Maryland Director 215-09-7333 Usual Rasidance of Dacedant Fig. 8 1 and 2 should be filed within 72 hours efter death with the Maryland near to Heelth and Mental Hygiene.

Int. If Item 27 is marked other than "natural", or items 23a or 28e-f show any or other transmit or early. The second of the se 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ¥ Yas 2 □ No Williamsport Maryland Washington Direct 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 252 Otho Holland Drive 21795 USA Funeral 11 Marital Status 12. Was Dacedant Evar in U,S. Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian Armed Forcas Black, Whita, atc. 1 Nevar Married 2 Marriad Yas 2 No Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: à Specify: 3 ☑ Widowed 4 ☐ Divorced White Yaar or Datas: Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Machine Operator Leather Processing 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Crilley Charles Marion Chaney Barbara 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Hagerstown, MD 21742 Sydney E. Appenzellar 1120 Sunnyside Drive 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - Cify or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Greenlawn Mem. Park Dec 30,1996 Williamsport, Maryland 21. Signature of Edpard Service 22. Nama and Addrass of Facility 425 S. Conococheague St. Williamsport, MD 21795 Osborne Funeral Home Entry the disease, or complications that caused the death. Do not anter the mode of dying, such as cardlac or respiratory arrest, or leart failure. List only one cause on each line. Approximata intarval Batween Onsat and Death **Physician** Souluse Oneger /Medical Immediata Causa (Final nau 1 disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of) Examiner physician and the burial-transit requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Diseasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequance of): 80 esn Po signed by the a Part II. Other significant conditions contributing to grath but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 s has 1 Yas 2 No certificate 1 Yas 2 No or Attending Physician: funeral director, 25. Was casa rafarred to medical axaminar? Be 26. Placa of Daath (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 Yas 2 1 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Data of Injury (Month, Day Year) Certification: 27. Manner of Beath 28b. Tima of Injury 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Detatural 5 Panding Invastigation efter death. 2 Accidant 1 ☐ Yas 2 ☐ No 3 Sulcida 6 Could not be datarmined 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida Hospital within 24 hours To the Funeral 11 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

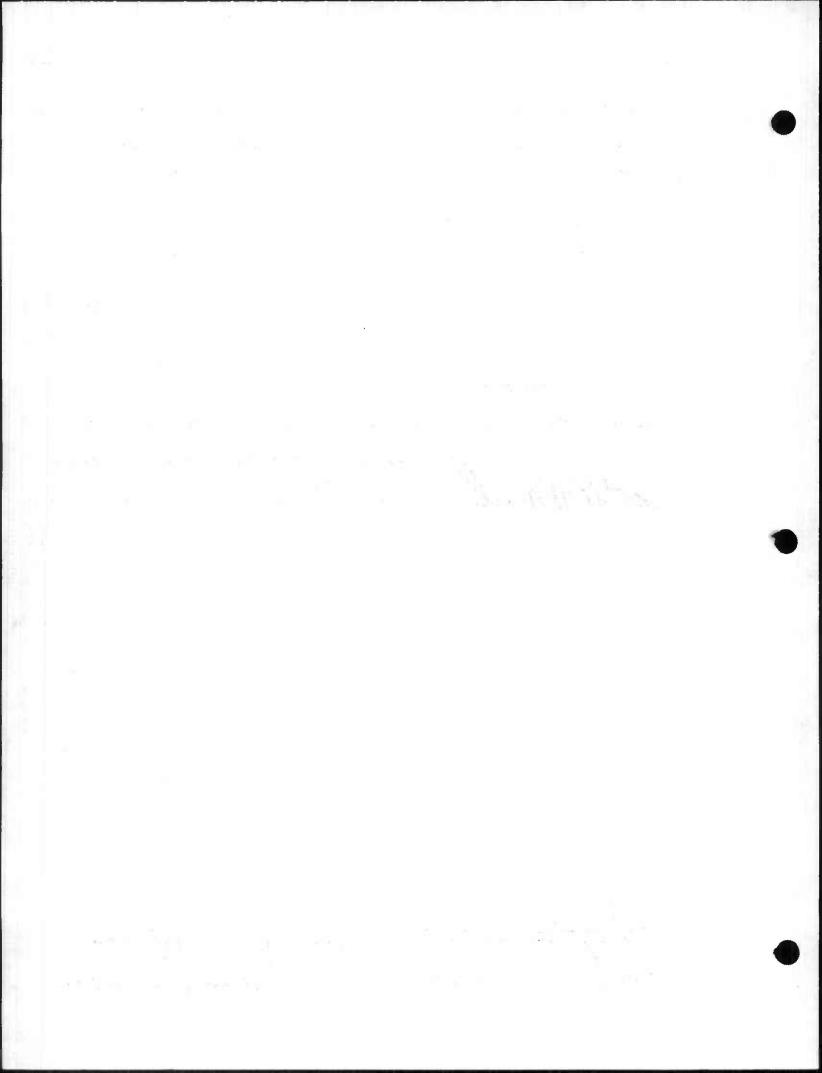
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifian (Check only one) g g 29b. Signature and titla of certifian 29d. Data signed (Month, Day, Year) 29c. Licansa number nplated causa of death (Itam 23a) (Type, Print) 31. Data filed (Month, Day, DEC 32. Registrar's Signatura State

Registrar

State of Maryland / Department of Health and Mental Hygiene Q 6

96 40920

				Certificate of	f Death	B	leg. No.	40320
1000		1. Decedent's Name (First, Middle, Las	et)			2. Date of Deet	th	3. Time of Death
	sician edicai	Daisy Virginia	CHURCHEY			Month Dec.	Day Year 25 1996	6:05 p.m.
	niner	4a. Facility Name (If not institution, give			4b. City, Town, or	Location of Death	4c. County of De	
		Colton Villa Nu	rsing Home	10.0	Hagerst	own	Washir	igton
Funer	ral	Social Security Number 6. S		Months Day	or if Under 24 Hrs	8. Date of Birth	Year) 9. Bi	irthplace (State or Foreign Country)
Direct	or .	219-14-8169 Usuel Residence of Decedent	□M 2½F 83	Yrs.		Jan 5 1	913 Sh	arpsburg
ylan		10a. State 10b. County	10c. Ci	ty, Town or Location				10d. Inside City Limits
Ma a-f-s	ctor	Maryland Washing	ton Ha	agerstown				ty Yes 2□ No
th th	Director	10e. Street and Number		10f. Zip Code		1	0g. Citizen of What C	ountry?
th w 23a	<u></u>		re Street	217	40		U.S.A.	
r daa	Funeral	11. Marital Status	12. Wes Decedent Ever in U Armed Forces?	J.S. 13. Was Decedent of If Yes, specify Cu	Hispanic Origin? (Suban, Mexican, Puer	Specify Yes or No-	14. Race - Am Black, Wh	
d 21215-0020 filed within 72 hours after death with the Maryland Hygiena. Thypisma. Instural, or items 23a or 28-f show int, the Maryland Eastware trains the notified as	by Fu		1 ☐ Yes 2X No If Yes, Give Yeer or Dales:	1 □ Yes 2√ No		, 0,0.,	Specify:	
5-0 72 ho	Completed		ucation	16a. Decedent's Usual Occu	upation		16b. Kind of Busines	White s/Industry
Par Phin 7	pje	(Specify only highest grades Elementary/Secondary (0-12)	College (1-4or 5+)	(Give kind of work don- life. DO NOT use retir	e during most of wo red)	rking		
and 2121 the filed within ntat Hygiene. ed other than:	Š	8	0	Cook			Restaura	int
Maryland 2 12 should be filed by and Mental Hygin 7 is merked other traumatic event, it	Be (17. Father's Name (First, Middle, Last)			18. Mother's Na	me (First, Middle, M	Maiden Sumame)	
Via Ment Ment Ment Ment Ment Ment Ment Ment	Jo F	George Lee Eich	elberger		Kati	e Irene V	Welch	
		19e. Informent's Name/Reletionship (7	ype, Print)	19b. Melling Address (Street	et and Number or R	ural Route Number	, City or Town, State,	Zip Code)
2 = N .		Consuelo Clark/	Daughter	8806 Royal R:	idge Lane	, Laurel,	, Maryland	20708
as 1 and of Haalt 1 item 2		20a. Method of Disposition	20b. I	Place of Disposition (Name of cemetery, crematory or other pl			20c. Location - City o	
		1 Surial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify	Heritoval from State	. View Cemeter		/96 5	harnshurg	, Maryland
Baltim pemit. Pag Department Important: any injury o	g	21. Signature of Funeral Service Licen		22. Name and Add	ress of Facility		mar paburg	, maryrand
n aaes	8	Katthi	houl		Funeral H			
DME/		23a. Part1. Enter the distance of compositions of heart fallure. Lift only of	lications that caused the deel	th. Do not enter the mode of dy	1150n BIV ying, such as cardia	d. Hage:	rstown, Ma _{est}	ryland 21740
Physicia Physicia	n	shock, or heart failure. Little only of	ne cause on each line.				•	Onset end Death
/Medica		Immediate Cause (Final	100	che Hoe	ent t	Intrue		
Examine	er	disease or condition resulting in death)	e. Carry	at the first	ent &			
	je 🚾		5100	or as a consequenca of):	10-1 A	Zelle	1	
OX 68/60, cartificate be executed rding physician and use as the buriel-transit	Examiner	Sequentially list conditions	b. Due to (c	or as a consequence of	war p	0010	-	
exec an an rial-tr		if any, leeding to immediate cause. Enter Underlying	<7 m/1	1-9	hunche	-		
68/60 ficate be e physician is the buria	edical	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events	c. Pue to (o	or as a consequence of).	1			
E 0.6	Med	resulting in deeth) Last	Operated	1 - N. sek	an M	eumon	19	
BOX aath car attendin for usa			d. 1092000	5 Minage	1		*	
. 0 0 0	200	Part II. Other significant conditions co	ntributing to death but not res	ulting in the underlying cause of	iven in Part i	23h Did to	hacco use contribut	te to the causa of death?
of the	Physician			anning in the arranging eacher g	grott ar t dit s.		os 2□ No 3□ F	
dS, r	by P						2010 00.	TODALDIY VIJISAKIIDIIII
rasigna and blud b						24a. Was er		. Were autopsy findings
200	et					perform	ned?	avaliable prior to completion of cause
The law ate has be page 2 s	Completed						35	of death?
VITAL PICION: The cartificate rector, pag		OF Management and a section of				1 □ Ye	es 20 No	1 Yes 2 No
ysician: ysician: ls cartific director,	Be	25. Was case referred to medical exeminer?	Hospitel:		ther:	Ith (Check only on		
Phys of	- T	27. Manner Death	1 ☐ inpatient 2 ☐	EH/Outpetient 3LI DOA	4 Larursing F		once 8 Other (Spoots on Injury occurred	ecify)
OIVISION OF VITA or Attending Physician: after dasth. Director: Atter this cartific i in by the funaral director,	Certification:	1 Natural 5 Pending 2 Accident investigation	(Month, Day Year)	Injury We	ork? □ Yes 2 □ No	200. 0000100 110	w injury occurred	
Attendir ar death. ector: Al by the fu	fica	3 Sulcide 6 Could not be	28e. Placa of Injury - At he	ome, farm, street, factory, office		28f. Location (Str	reet and Number or F	Rural Route Number
	E.	4 Homicide	building, etc. (Specif	y)		City or Town	, State)	
spits nours neral		29a. Certifier Certifying Phy	elcian: To the best of my kno	wledge, death occurred at the I	lime, dete and place	and due to the ca	ause(s) and manner a	is stated.
To the Hospital or within 24 hours after To the Funeral Dir completaly filled in	edical	(Check only a Medical Exami	ner: On the basis of examina and manner stated.	tion and/or investigation, in my	opinion, death occu	rred at the time, da	ate and placa, and du	e to the cause(s)
omp	Me	29b. Signature and title of contilled		29c. Licen	nse number	25	9d. Dete signed (Mon	th, Day, Year)
- > - 0		X2700	J. lin	.P. D	41131		12/20/9	74
		30. Name and address of person who c	ministed cancel of doubt (lea-	n 23a) (Type Print)	27/1 100	111 02	1	
		TERRY	COPPEN F.	5 . 110. 1	Han	2/20 - 4-	(strell	MID
c	State	31. Dete filed (Month, Day, Year)	32. Registrar's Signa	ture	Marken	Joseph	(-04)	~070
Regis		DEC 2 71	996 Juli other	berkerlet	•			



State of Maryland / Department of Health and Mental Hygiene

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							Ce	rtificate c	of Death			Reg. No.	20	4072
	Physic /Medi		1. Decedent's Name (Fi		Graha			ox			2. Dete of De Month		Year	3. Time of Death 10:40 A
	Exami		4a. Facility Neme (If not Marine:	institution, give	street end nu	mber)	n	MD	4b. City, Tov	vn, or Loc	cation of Deet		of Death	
1			Mar Tile	L NULSII	ig home	e or so	outnern	MD	Clinto	on		Princ	ce Geo	rge's
Г	, Funeral Director		5. Social Security Numb 223-22-080	er 07 6. Se 1∑	x ŽM 2□F	7. Age (In y	rs. lest birthday Yrs.	Montha Da		Min.	8. Dete of Bir (Month, De May 2	th ly, Year)	9. Birthpi Coun	ace (Stete or Foreign
	D		Usual Residence of Dec	cedenf							ridy 2	1944	VIIC	inia
	Marylan a-f ahow	ctor		o. County Prince (George '		City, Town or L Suitle						10	Od. Inside City Limits
	th with the 23a or 28	Funeral Director	10e. Street and Number 6304 Davi:					10f, Zip Cod 2074				10g. Citizen of	Whet Coun	try?
020	n 72 hours after death with the Maryland "natural", or frems 23a or 28a-f ahow Mical Examiner must be notified as	by	11. Marital Status 1 Never Married 3 Widowed 4	2 Married	12. Was Dece Armed Fo 1 X Yes If Yes, Giv Year or D	2 □ No ☐	1942-	Was Decedent of If Yes, specify C		in? (Spec Puerto F	cify Yes or No Ricen, etc.)	14. Rad Ble Specif	ce - America ck, White, o	
2-0	in 72 ho "natura	P	15.	Decedent's Edu	cetion		-	dent's Usual Oc	cupetion			16b. Kind of B	usiness/Ind	ustry
2121	y within plane. r than	Completed	Elementery/Secondar		College (1			dent's Usual Oci kind of work do DO NOT use ret		of workin	ng	Safewa	y Foo	d Stores
Maryland 21215-0020	d d o	To Be C	17. Father's Neme (First Major			Cox	CIC	en nec	18. Mother	's Name		Meiden Sumer Ellen		arnes
	d 2 sh th and 7 is m traum		19a. Informant's Name/ Mary Z. (ng Address <i>(Stre</i> 04 Davis						
Baltimore,	60		20a. Method of Dispositi 1 Surial 2 Cr 4 Donation 5	emation 3 □R	emoval from	01-1-	_cometery, cre	osition (Neme of metory or other p Nation	nece)		16997	20c. Location Culpepe		
Balt	permit. Page Department of Important: If I any Injury or once.		21. Signeture of Funere	7.50	#		(Alexar	ndria	a Ferry	Rd Cli		Md 20735
	Physician		23e. Pert1. Enter the d shock, or heart fail	seese, or compli ure. List only or	cations that c	eused the de ach line.	ath. Do not en	ter the mode of c	lying, such es c	ardiec or	respiratory ai	rrest,		Approximate Intervel Between Onset end Death
	/Medical Examiner		Immediete Cause (Fine disease or condition resulting In death)	a	C	ardic	or as a conse	mona	ny	Ar	rest	•	1	15 mts.
	cuted	Examiner	Sequentially list condition	ins b		etas	tati (or as a consec	c Lu	ng C	Con	cex.			> 1 month
Ó,	e exe		Sequentially list condition if any, leading to Immedicause. Enter Underlying Cause (Disease or Injury)	iate			(0) 40 4 00.000	,						
ox 68760,	certificate be executed rding physician and use as the burial-transit	Wedical	thet initiated events resulting in death) Last			Due to	(or as a consec	uence of):						
Ď		sian/												
s, P.O.	that the died by the detached	by Physician	Pert II. Other elgnificant				•		Disea	LSC.		tobacco use co Yee 2□ No		the cause of death?
Records,	been s	Completed										an autopsy med?	con	re autopsy findings llable prior to apletion of cause eath?
	0 - 0	mo									1 🗆 Y	es 2 No		Yes 2□ No
VITal	iclan: Th certificata rector, pa	0	25. Was cese referred to	medical					26. Place of	of Death	(Check only o			76
>	S 00 0	O B	examiner? 1 ☐ Yes 2X No	Н	ospital:	npatient 2	☐ ER/Outpatier	t 3 DOA	Minan A			lence 6 DOth	er (Specific	
DIVISION OF	After After fune	atlon: T	27. Menner of Deeth 1 Natural 5 [2 Accident	Pending Investigation	28a. Dete o		28b. Time of Injury	28c. In		28		now Injury occur		
DIVIS	I or Attendi after death. Director: A d in by the f	ertification:		Could not be determined	28e. Place building	of Injury - At ng, etc. (Spec	home, farm, str	eet, fectory, offic	0	28	Bf. Location (S City or Tow	Street and Numb m, Stete)	er or Rural	Route Number,

State Registrar

31. Date filed (Month, Dey, Year) JAN 0 2 1997

29b. Signature and title of certifier

29a. Certifier

30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print)

GRAND SURANA 7501 Surratts Road Suite 302 Clinton, MD 32. Registrar's Signature

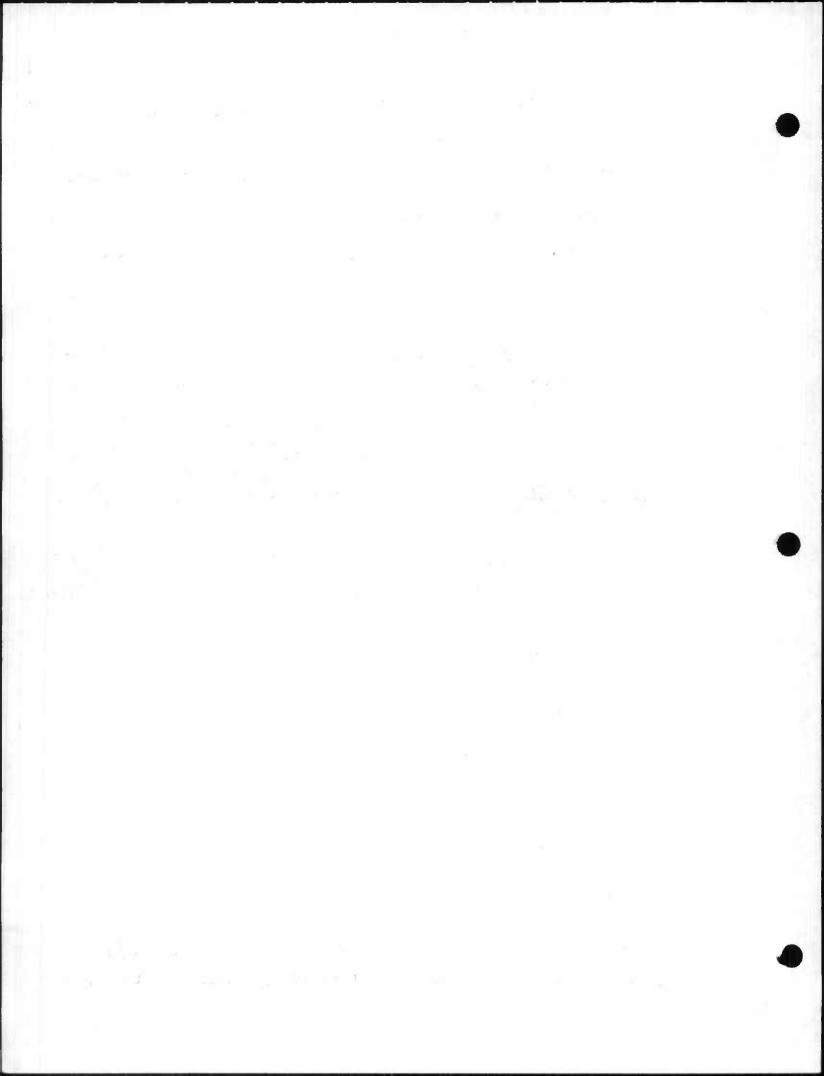
1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, dete end piece, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and piece, end due to the cause(s) and manner stated.

29c. License number

00 50 653

29d. Date algned (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 96 40922

						Cert	ificate of	f Death		Reg. No.	20	40766
	Dev. U.S.		1. Decedent's Name (First, Middle, L.	nst)					2. Data of De	eath		3. Time of Death
	Physic		MAD. TION	ie, Clay	mail				Month	25	Year 96	0930
10	/Medi Examir		4a. Facility Name (If not institution, gi		WITTING.			4b. City, Town, or I			nty of Deeth	
	LXUIIII	101	Bradford Ox	als Nursi	n 11-	AA A3		Cliniton	MN	1	G	
-	Funeral				'In yrs. lest bin	thday)	If Undar 1 Yaa	r If Under 24 Hrs.	8. Data of Bi	rth		placa (State or Foraign
	Director		577-36-3938	1 M 2 F		Yrs.	Months Dey	s Hours Min.	July 24	y, Year) 1, 1927	Cou	york
Ц.,			Usuel Residence of Decedent						pull -	-,	11011	TOTA
	ylan		10a. Stata 10b. County	1	Oc. City, Town	n or Loca	ation					10d. Inside City Limits
	Ma Ta	to	Maryland Princ	ce Geroge's	Brand	ywir	ne					1 ☐ Yes 2 ☐ XXX
	7 284	Director	10e. Street and Number				10f. Zip Code			10g. Citizen	of What Cou	intry?
	3a o		3206 Floral Par	-le Doad			24	2612		Unite	d Stat	tes
	death	Funeral	11. Marital Status	12. Was Decedent Eve	er in U,S.	13. W	as Decedent of	0613 Hispanic Origin? (S	pecify Yes or No		Race - Ameri	
0	72 hours after death with the Maryland natural; or items 23a or 28a-f show deal Examiner must be notified at	F	1 Never Married 2 Married	Armed Forces? 1 ☐ Yas 2 ☑ No		100	Yes, specify Cu	ban, Mexican, Puert	o Rican, atc.)	В	Black, White,	, etc.
21215-0020	alf, o	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give A Yeer or Dates:		10	☐Yes 2☐X	Specify:		Spe	olfy: T	White
P	2 ho	9	15. Decedent's E	ducation	16a.	Decede	nt's Usual Occ	upation		16b. Kind of	Businass/In	ndustry
218	9	Completed	(Specify only highest gr Elementary/Secondary (0-12)	ade completed) College (1-4or 5+)		(Give ki	ind of work don O NOT use retir	a during most of wor ed)	king			
21		E	12	6		Sec	retary			U.S.	Govern	nment
	Hygi other	Bec	17. Fether's Name (First, Middle, Las	1)	,			18. Mothar's Nan	ne (First, Middle	, Melden Sum	eme)	
Maryland	Mental Mental arked o	ToB	Frederick W.	Meade				Alma F	hindo			
ary		-	19a. tnforment'a Name/Ralationship		19b	. Mailing	Addrass (Stree	et and Number or Ru		er, City or Tox	vn, State, Zi	p Code)
Σ	ロミトロ		Lee Clayman			3206	Floral	Park Roa	d Bran	diarina	Mars	yland 20613
5	- I 5 5		20a. Method of Disposition		20b. Plece of	Disposi	tion (Neme of	1	Data	20c. Locatio	n - City or T	own, Stata
altimore	y or		1 ☐ Buriel 2 ☑ Dtemetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci	Removel from Stete			,	1		Clint	on Ma	bre larg
	Department P		21. Signature of Feneral Service Lice	nsee A	Lee Cre	emat	Ory De	C 26, 199	16	CILITO	Jii, PE	iryraid
Ba	pemit. P Departme Importan eny Injur.			1 11.		- 3	7.00	ress of Facility Le	e Funer	al Home	e, Inc	6633 Old
			/ Jan	40/11		AL	exandri	a rerry F	a, Clin	ton, Md	20735	5
a.			28 Part1. Enter tha disease for con shock, or haart failu . Liat only	polications that baused the one cause on each lina.	a daath. Do r	not antar	tha mode of dy	/ing, such es cardiec	or respiratory e	errest,		Approximete Interval Between
	Physician			201			10				4	Onset and Death
	/Medicai Examiner		immedlete Cause (Final diseesa or condition resulting in daath)	. Dehi	setod	tro	2				1	3 der
В		_	resoluting in quality	- 60	a to (or as a	consequ	ence of):	. 3			1	71
_	be de	Examiner		b. Day	eral	_ (der	whole				103
	ertificate be executed ling physician and te as the bural-transit	xan	Sequentially list conditions, if any, leading to immediate	1 84	e to (or es a c	conseque	ance of):	,	T .			,
60	be e lician buria		Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Ceuse (Diseese or Injury	· Al-	3 hei	w	7 0	enen	ha			64
68760,	phys the	edicai	that initiated events resulting in death) Lest	Du	to (or as e c	onseque	ence of):					
×	Sing or	3		d.							į	
Bo	death certifica e attending phe ed for use as ti	lan									i	
o.	that the death red by the atter detached for u	Physician	Part II. Other algnificant conditions	contributing to death but n	not resulting In	tha und	larlying cause of	olven in Part I.	23b. Did	1obacco usa	contribute t	to the cause of death?
۳.	d by								10	Yes 2 N	3 □ Pro	obably 4 Unknown
s,	8 68	þ										
Records,	v raquire been si should I	Completed								an autopsy ormed?	\$1	Vere autopsy findings vailable prior to
9	28 8	pie								,		ompletion of cause f death?
<u> </u>	0 - 0	NO.							10	Yaa 2 No) 1	☐ Yes 2☐ No
Vital	Iclen: The certificate rector, pag	Be (25. Was case referred to medical					26. Place of Dea	th (Check only	one)		
	Physicien: this certific ral director,	To	examiner?	Hospitel: 1 Inpatient	2 ER/Ou	tpatient	3 DOA	ther: 4 Nursing H	ome 5 Res	Idence 8 🗆 0	Other (Speci	ify)
ot	g Phys er this neral d		27. Manner of Death	28a. Date of Injury (Month, Dey Y	28b. T	ime of	28c. inj		28d. Describe			
0	Attending I or death. ector: After by the fune	atio	1 ☑ Natural 5 ☐ Panding 2 ☐ Accidant investigation		647)	ijui y		Yes 2 □ No				
Division	Atte	ific	3 ☐ Suicide 8 ☐ Could not to datermined	28a. Place of Injury		rm, strae	t, factory, office	9		(Street end Nu wn, Stata)	mber or Rur	ral Route Number,
ă	Dist	Certification:	4 Nomicide	building, etc. (Specify)				City of 10	wii, Siaia)		
	Hospital 24 hours Funeral stely filled		29a. Cartifier 1 Certifying Pt	nysician: To the best of n	ny knowledge	, daath c	occurred at the	time, data and plece	, and due to tha	causa(s) and	manner as	stated.
	P Fu Petel	edicai	(Check only 2 Medical Example)	miner: On the basis of ex and manner steted	amination and	d/or Inva	stigation, In my	opinion, death occu	rred st the tima,	dete and plac	e, and due t	o tha cause(s)
	To the Hospital or Attending Physicien: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	M	29b. Signatura and the of certifier		111		29c. Licar	nsa numbar		29d. Data sig	ned (Month,	, Dey, Year)
			mahan	- MD	Alla	1	1).	- 2115	3	12	2.26	96
			30. Nama and address of person who	completed cause of disa	h (Item 23a) /	Type D	dot)	27)	/)	,		10
			Laxmi Berwa, 77					01. Clint	on. Mar	vland 2	20735	
	Sta	te	31. Data filed (Month, Dey, Year)	32. Registrar's	Signature			-,		4		
	Registr	_	JAN 0 2 1		Otwalson	Rard	ell					

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** DEC 1996 CHARLES RICHARD CANTER 3:11pm /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Locetion of Deeth 4c. County of Daeth Examiner 16110 SCOUT CAMP ROAD- FIELD HUGHESVILLE CHARLES | H Under 1 Yeer | H Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | Feb 14, 1 5. Social Security Number 7. Age (In yrs. last birthdey) Birthpieca (State or Foreign Country) **Funeral** 217-42-2503 59 Vrs Director 1937 Maryland Usuel Residence of Decedent the Maryland the number at 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ 🙀 Directo Maryland Charles Hughesville 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? r than "natural", or items 23a 15400 Scout Camp Road 20637 U.S.A. Funeral filed within 72 hours after death 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puarto Rican, atc.) Rece - Amarican Indien, Bleck, White, etc. 1 Never Married 2 Married 1 X Yes 2 □ N 960 -21215-0020 1 ☐ Yes 2 ☒ No Specify: by Specify: 3 Widowed 4 Divorced Year or Dates: 1962 White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) College (1-4or 5+) Pages 1 and 2 should be filed with nent of Health and Mental Hygiene. Farmer Farming 7 is marked other traumatic event, I Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surneme) Be Frank Wood Canter Marguerite Cecelia Burch Canter 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) of Health a Elizabeth Huntt 30085 Bach Drive Charlotte Hall, MD 20622 other 1 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 N Burial 2 □ Cremation 3 □ Removel from State ŏ Department of important: If any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Old Field Cemetery 1/4/1997 Hughesville, MD 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility M00817 Arehart-Echols Funeral Home, Inc. P.O. Box 567 La Plata, MD 20646 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximete intervel Between Onset end Deeth **Physician** /Medical Immediete Cause (Finel disaesa or condition resulting in deeth) **Examiner** Due to (or es e consequence of) Examiner The law requires that the death certificate be executed the burial-transit Sequentielly list conditions, it any, leeding to immediate cause. Enfer Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): P.O. Box 68760. Physician/Medical Due to (or es e consequence of): use as Pert ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 3 □ Probably Unknown 1 Yss 2 No Division of Vital Records, ģ page 2 should 24b. Were autopsy findings available prior to completion of ceusa of deeth? Completed 24e. Wes en eutopsy performed? peed certificate has 1□ Yes 2☑ No 1 ☐ Yes 2 ☐ No Attending Physician: director Be 25. Wes cese referred to medical 28. Place of Deeth (Check only one) exeminer? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 Other: 4 Nursing Homa 5 Residence Other (Specify) Yes 2□ No this funeral 27. Menner of Deeth Medical Certification: 28a. Dete of injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Affer Neturel 5 Pending death. invastigation 1 ☐ Yes 2 ☐ No apital or Attendi cours after death versi Director: A 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 | Homicide Belmi 1010 Scart Camp RJ Atrich unth To the Hospital within 24 hours a To the Funeral Completely filled 29e. Certifier Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the causa(s) and menner es steted.

Madical Examiner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) and menner steted. 29b. Signeturn and title of ce 29c. Licansa number 29d. Data signed (Month, Day, Year) 3 D - 2734830. Name and abdress of person who completed ceuse of deeth (Item 23a) (Type, Print)

700 OLD LINE CENTER, SUITE 100, WALDORF,

32. Redistrer's Gignature Rawlall

MD 20602

DHMH 16 Rev 6/95

State Registrar HAFT, HOWARD, MD

JAN 02

31. Dete filed (Month, Dey, Year)

ver jarle e

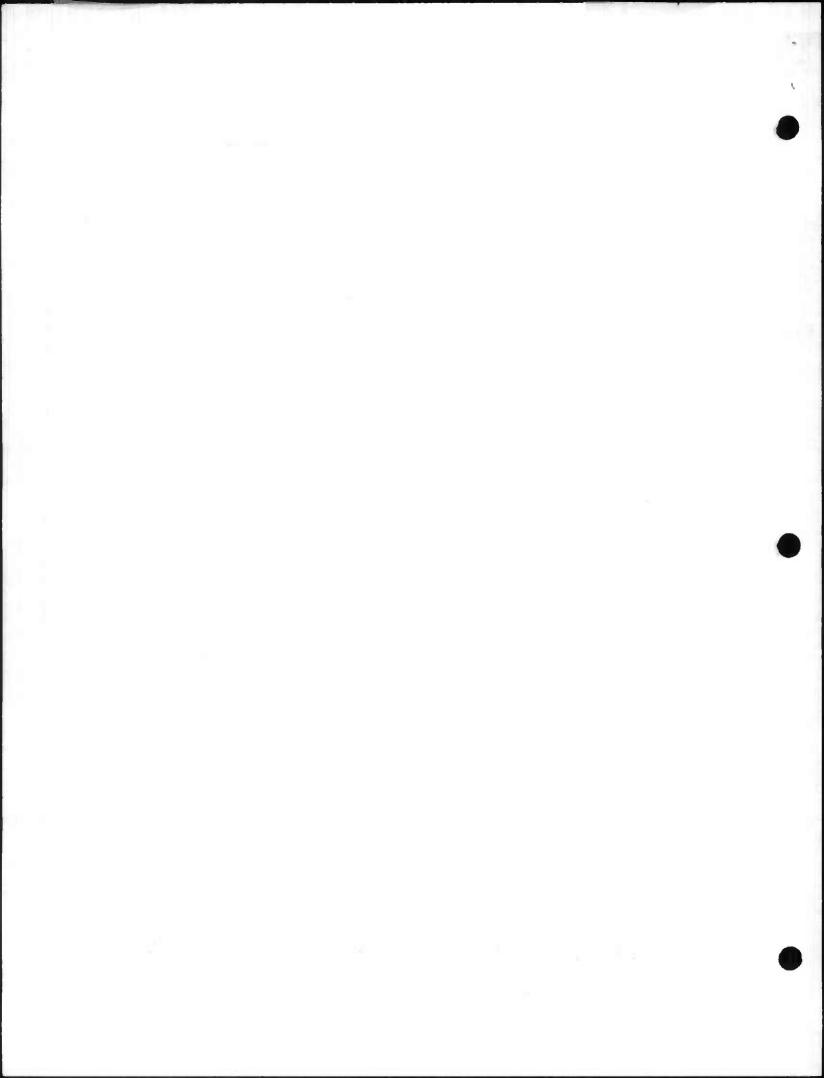
Amended #'s 4b & 4c per F.D. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

12/30/96 Carroll Co p.1.c. State of Maryland / Department of Health and Mental Hygiene 96

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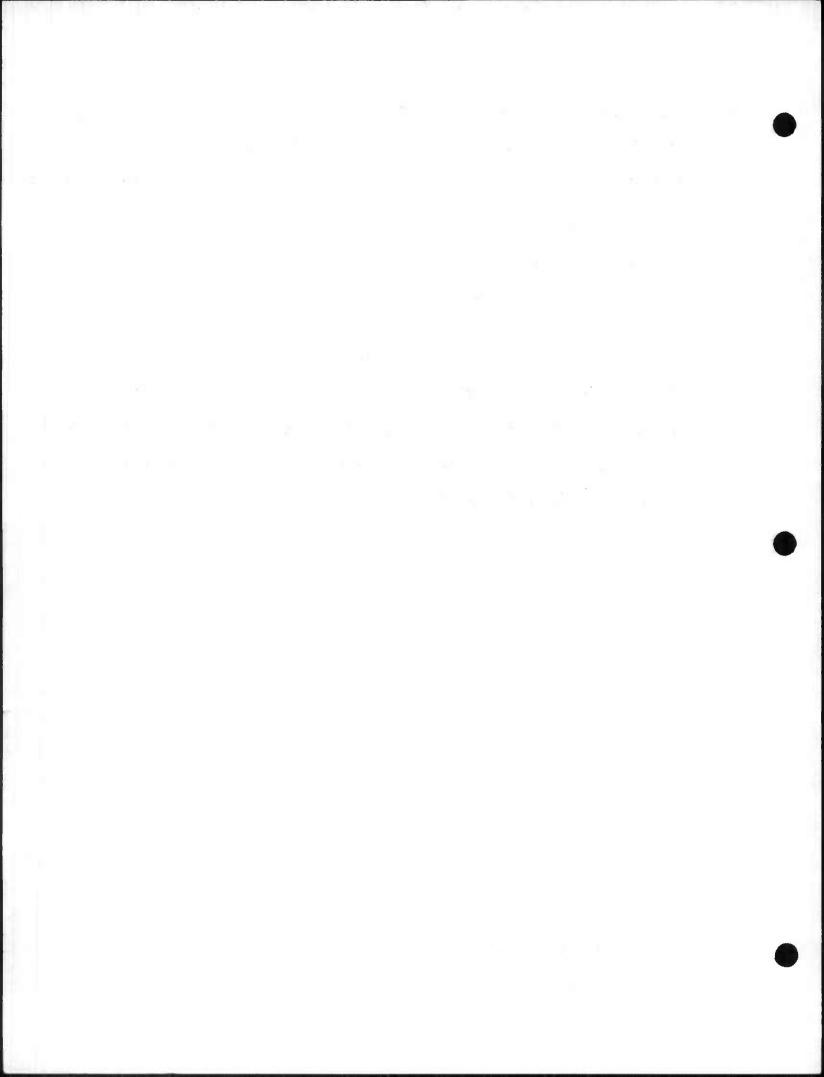
						Cer	tificate of	f Death		Re	eg. No.		
1868			1. Decedent's Name (First, Middl	e, Last)						2. Date of Deat	h	ann	3. Time of Death
	Physic /Medi		Joyce Lee Con	bin						Dec.	26, 199	Year 96	1925
e i	Examir		4a. Facility Name (If not institution			1		4b. City. To West		cation of Death			arroll
	Funeral		5. Social Security Number	6. Sex	7. Age (In yrs. last	t birthday)	If Under 1 Yea		24 Hrs.	8. Date of Birth (Month, Dey,	Manal	9. Birth	place (State or Foreign
t	Director		213-28-5846 Usual Residence of Decedent	1□ M 2 X F	6	4 Yrs.	Months Days	s Houra	Min.	Oct. 15		Mary	land
Aarylend	ahow ad at	٥٠	10a. State 10b. County MD Carro	011	10c. City, T West	own or Lo							10d. Inside City Limits
th the A	r 28a-	Director	10e. Street and Number				10f. Zip Code			10	0g. Citizen of	What Cou	
eth wit	23a c		416 B-1 Poole					21157			United		
020 Durs after de	Heelth and Mental Hygiene. tem 27 is merked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Marr 3 ☑ Widowed 4 □ Divorced	ied 1 ☐ Yes	2 No ve	1 1	Vas Decedent of Yes, specify Cu □ Yes 2 2 No	ban, Mexicer	n, Puerto i	ecify Yes or No- Rican, etc.)		ck, White	can Indian, , etc. White
21215-0020 d within 72 hours af	ne. hen "natu e Medical	Completed	15. Deceden (Specify only highe: Elementary/Secondary (0-12)	t's Educetion st grade completed) College ((Give	ent's Usual Occu kind of work done OO NOT use retir emaker	e durina mos	st of worki	ng	16b. Kind of B		ndustry
Illed v	Hygie other ti	Be Co	17. Father's Name (First, Middle,	Last)		HOII	lemaker	18. Mothe	er's Name	(First, Middle, A	Own I		
Vid by	venta rked rtic ev	To B	Joseph Richar	d Cohen					Marg	aret Cat	herine	And	reas
2 2:	olth and P		19a. Informant's Name/Relations Patrick M. Ra			19b. Mellin		et and Numb	er or Rura	I Route Number	City or Town	, Stete, Zi	
Saltimore, M	S		20a. Method of Disposition 1 Burial 2 Coremation 4 Donation 5 Other (S		State cem	etery, crem	sition (Neme of natory or other pi		12/3	0/96	20c. Location		own, State
Baltimo	Department important: I any Injury of once.		21. Signature of Funeral Service				Nppe and Add	repulse!	al H	ome & Ch			
			23a. Pert1. Enter the diseese, or shock, or heart falture. List	complications that confly one cause on e	caused the death. I each line.	Do not ente						T	Approximate Interval Between Onset end Death
//\	ysician Medical		Immediate Cause (Finel disease or condition		unc	Car	\Co_					1	6month)
Ex	aminer	ē	resulting in death)	a	Due to (or as	s a conseq	uence of):						011041 ()
OX 58750, certificate be executed	ettending physician end of for use es the bunel-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c	Due to (or as								
the death	igned by the etter be detached for	Physician	Part II. Other significant condition	ns contributing to de	eath but not resultin	ng in the ur	derlying ceuse g	iven in Part I	l.	23b. Did to			to the cause of death'
HECOTOS, P	been s should	Completed by								24a. Was a	n autopsy ned?	a	Vere autopsy findings valiable prior to ompletion of cause death?
L o	ate hes page 2	omo								1 □ Ye	s 2010		□Yes 2□No
	s certificate director, pag	Be C	25. Was cese referred to medical exeminer?					26. Piace	e of Deeth	(Check only on	9)		
Of VICE Physician:	9 0	2	1 ☐ Yes 2 ☑ No	Hospital:	Inpetient 2 ER	/Outpatien	3LI DOA		ursing Hor	ne 5 Reside	nce 8 🗆 Ott	her (Speci	fy)
2 2	death. ctor: After th y the funeral	Certification:	27. Manner of Death Netural 5 Pendin Investig	etion	of Injury th, Day Year)	b. Time of Injury	28c. Inju W	ury at ork? □ Yes 2 □		28d. Describe ho	w Injury occu	rred	
BI or Att	s effer de al Directe ed in by t	Certific	3 ☐ Sulcide 6 ☐ Could r 4 ☐ Hornicide determ	ined 286. Place	of Injury - At home ing, etc. (Specify)	, farm, stre	et, factory, office		2	28f, Location (St. City or Town		ber or Rur	al Route Number,
Ne Hospit	within 24 hours effer To the Funeral Dire completely filled in b	edicai (29a. Certifler (Check only one) 1 Certifyin 2 Madical	g Physician: To the Examinar: On the b	best of my knowled asis of examination ner stated.	dge, death and/or inv	occurred at the testigation, in my	time, date an opinion, dea	nd place, a ath occurre	and due to the ca	use(s) and m ete and place,	anner as : and due t	stated. to the cause(s)
Toth	To the	M	29b. Signature and title of certified	1			29c. Licer	nse number		25	9d. Date signe	ed (Month	Day, Year)
			> thene	Kom	S		Dr	4321			12/3	2/9	is
,			30. Name and eddress of person	who completed ceus				PHILIP	KON	ITS			
	CA	•	2059 BALTIMO 31. Dete filed (Month, Day, Year)		WESTMIN	VSTER	MO 2	1157					
	Sta Registr		DEC 3	0 1996	egistrar's Signature	Rada	Ц						

DEC 3 0 1996



State of Maryland / Department of Health and Mental Hygiene

				Otato or mi	ar y laric			Death	-	Reg. No.	5 4	1092	5
	Dh		1. Decedent's Neme (First, Middle, La.	st)					2. Dete of De Month		Year	3. Time of D	eeth .
	Physici /Medi		Harriet	Ruth		Care	У		1.2	2.7	Albertan	8:51A	M
	Examir		4e. Facility Neme (If not institution, give	e street end number)				4b. City, Town, or					
			706 Riverside	Pines Co	urt			Salis	oury	Wio	comi	co	
	Funeral		Sociel Security Number 8. S	ex 7. Age	e (In yrs. le	Mor	nder 1 Yee ths Deys	If Under 24 Hrs	8. Dete of Bir (Month, De	th v. Year)	9. Birthpie	ece (State or i	Foreign
	Director		215-20-4860	LM ZQ(r	71	Yrs.			12 8	3 25 S		ury, M	
	pu *		Usuei Residence of Decedent 10e. Stete 10b. County		10c. City	. Town or Location					16	d. Inside City	Limite
	Aaryl F sho	0									10	1 ☐ Yes 2	
	the 1	ect	MD Wicomico		Sa.	lisbury	. Zip Code		1	10g. Citizen of W	fhat Caust		X
	With the or	Funeral Ofrector	VALLENS - Acts	~ .			. Eip Code			rog. Oilizeir oi vv		,	
	ns 23	era	706 Riverside Pi	nes Court 12. Wes Decedent	Ever In L1 S	13 Wes D	ecedent of	21801	Specify Ves or No	14 Rece	USA - America		
0	fler of the control o	F	1 ☐ Never Merried 2 ☐ Merried	Armed Forces? 1 ☐ Yes 2 ☐ N		If Yes,	specify Cul	Hispenic Origin? (S ban, Mexican, Puer	to Rican, etc.)	Bleck	k, White, e		
020	urs a	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give X Yeer or Detes:		1 🗆 Y	es 2只No	Specify:		Specify:	Whi	te	
21215-0020	be filed within 72 hours after death with the Marylend hal Hygiene. Id other than "naturs!", or Items 23a or 28a-f show event, the Medical Evantine must be notified at	Completed	15. Decedent's Ed	ucation		16a. Decedent's	Usuel Occu	pation	7162	16b. Kind of Bus	siness/Ind	ustry	
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2	filed within Hygiene. Ither than then bent, the N	NO.	11	22	'	Homer	maker			Homema	aker		
nd	al Hy I oth	Be	17. Father's Neme (First, Middle, Last)					18. Mother's Ne	me (First, Middle,	Meiden Sumeme	9)		
yla	should be filed and Mental Hygis marked other imatic event, I	10	Hance Vincent	Cher	rix			Lois		W	hitch	lead	
Maryland			19e. informant's Neme/Reletionship (7	Type, Print)		19b. Meiilng Add	iress (Stree	ot and Number or R	ural Route Numb	er, City or Town, S	State, Zip	Code)	
	Dag Z		Oscar L. Carey-S	pouse		706 River	rside	Pines Co	urt, Sal	Lisbury,	MD	21801	
0	ges 1 a t of Hee if hem or othe		20e. Method of Disposition 1 Burial 2 Cremetion 3	Removel from Stete	20b. Pk	ace of Disposition metery, cremetory	(Neme of		Date	20c. Location - 0	City or Tov	vn, Stete	
Ħ	tment:		4 □ Donation 5 □ Other (Specif)	9	Par	sons Cem	etery		12/30/9	Salisb	ary,	MD	
Baltimore,	permit. Pages 1 Department of H Important: If the any injury or ot		21. Signature of Edneral Service Licen	2 /		22. Nem	e end Addr	ess of Fecility	Hollowa	ay Funera	al Ho	me, PA	
	4024 W		ka MI Kto	Moure	1	501	Snow	HIII Roa	d Salie	shury M		1804	
			Purt. Enter the disease, or comp Mock, or heart feilure. List only	plications that caused one cause on each in	De-defilli.	Do not enter the	mode of dy	ing, such es cardie	c or respiretory e	rrest,		Approximete Intervel Between	eņ.
	Physician / / / / / / / / / / / / / / / / / / /	4	Immediate Course (Fine)		/11	,						Onset end De	ath
	Examiner		Immediate Cause (Finei disease or condition resulting in deeth)	θ.	Mex	astalie	ader	ro cacem	ome of	lung	11	Voc 19	94
		ē			Due to (or	es e consequence	of):			1	1		
	ficete be executed physician and is the burial-transit	Examiner		b. ————	Due to fee		1 -6).				i		
ć	tificete be executed g physician and as the burial-transit	Exa	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events		Due to (or	es e consequence	1 01):				i i		
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89	5 5 6	-	resulting In death) Last				- /				i		
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ot	this ai di	T0	1 Yes 2 No	Hospitei:		R/Outpatient 3E	1 NOU		Y	dence 6 □Othe	1 / 2/)	
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ī	To the Hospital or within 24 hours effer To the Funeral Dir completely filled in		29e. Certifier 1 Certifying Phy	eiclan: To the best of	f my know	ledge, deeth occur	rred at the t	ime, dete end place	e, and due to the	cause(s) end mar	ner es ste	eted.	
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	To the Tour To the Comp	×	29b. Signeture end title of certifier	00	_		29c. Licen	se number		29d. Dete signed	(Month, C	Dey, Year)	
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	12		30. Neme and address of person who o	completed cause of de	eth (item :	23e) (Type, Print)		0 0		1			
			JAMES L. CLIFF	ORD MD.	106	PINE 13	LURG	Roduit	E/2 L	SALISBUR	24 M	P 218	10
	Sta Registr		30. Name and address of person who of TAMES 4. CLIFF 31. Dete fited (Month Day, Year) 199	36	ts Sidney	retardall							



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Dev **Physician** Yeer CAREY 24 Florence Evelyn 10:20 14 Dec. 1996 /Medical 4a. Fecility Name (If not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Undar 1 Yaar | If Undar 24 Hrs. | 8. Dete of Birth (Month, Days Hours Min. (Month, Day, Year) 5. Sociel Security Number 7. Aga (In yrs. last birthdey) Birthplece (Stata or Foreign Country) **Funeral** 1□M 2√2F Days Yrs. Director 216-38-7080 24 36 02 Liverpool England Usual Residence of Decedent death with the Meryland permit. Pages 1 and 2 should be filed within 72 hours after death with the Merylan Department of Haelih and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any futury or other traumatic event, the Medical Examiner must be notified at once. 10a Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Director Wicomico Fruitland 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 119 Liberty Way 21826 U.S.A. 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva ² Year or Detes: Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Black, White, etc. 11. Meritai Stetus 1 ☐ Never Merried 2 ☐-Merried Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: by 3 ☐ Widowed 4 ☐ Divorced Specify: White 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 12 Homemaker Homemaker 17. Father's Neme (First, Middle, Last) 18. Mother's Nama (First, Middla, Maiden Sumama) Florence Brennan Evelyn 19e. informent's Neme/Reletionship (Type, Pnint) 19b. Meiling Address (Streat and Number or Rural Routa Number, City or Town, Stete, Zip Code) 119 Liberty Way, Fruitland, MD 21826

20b. Pleca of Disposition (Nema of cemetery, cremetory or other plece)

Dete 20c. Location - City Kenneth Wayne Carey-Spouse 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Remove from State 4 □ Donation 5 □ Other (Specify) Springhill Memory Gardens 12/28/96 Hebron, Maryland e of Funeral Service License 22. Name end Address of Fecility 21. Sibrort Holloway Funeral Home, PA 1/0/05/ 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one can be on each line. 501 Snow Hill Road, Salisbury, MD Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel Carcinona of Pancreas disease or condition resulting in deeth) Examiner Due to (or es a consequenca of): physician and s the buriel-transit Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last Due to (or es a consequance of): P.O. Box 68760, Physician/Medical Dua to (or as e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? 1□ Yes 2 No 1 Yes 2 No certificate Division of Vital 25. Was case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No After this 28c. Injury et Work? To the Hespital or Attending Pr within 24 hours efter death. To the Funeral Director: After th completaly filled in by the funeral 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28a. Placa of Injury - At homa, ferm, street, fectory, office building, atc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) and manner as stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end pieca, end due to tha cause(s) and menner stated. 29a. Certifier 29b. Signeture and title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) 030690 M. D. 30. Name and address of parson who completed cause of death (Item 23e) (Type, Print) , N.D. 145 E. Grall St., Salisbury, MD. Martin Janes E. 32. Registrer's Signeture 31. Dete filed (Month, Day, Year) State DEC 3 0 1996 Julia Davideon Rad 1 Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 40927

					Ce	rtificate o	f Death		Reg. No.		
П	With the	W.	1. Decedent's Neme (First, Middle, La	st)				2. Dete of De	eth	.1-5	3. Time of Death
	Physic /Medi		DOROTHY RHODES	CROSLEY				Month DEC. 2	3, 1996	Yeer	1:40 A.M.
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Н	Funerai		Sociel Security Number 6. S	iex 7. Age (In	yrs. lest birthday)	If Under 1 Yes	or If Under 24 Hrs	8. Dete of Bir	th	_	plece (State or Foreign ntry)
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	ylan		10a. Stete 10b. County	100	. City, Town or L	ocation				1	10d. Inalde City Limits
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	death	Funeral	11. Meritei Stefus	12. Wes Decedent Ever		Wes Decedent of	f Hispenic Origin? (S	pecify Yes or No			can Indien,
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Maryland	d 2 should th and Mer 7 is marks traumatic		19e. Informent's Name/Relationship (Type, Pnint)	19b. Maili	ng Addrass (Stre	et end Number or Ru	ural Route Numb	er, City or Town	, State, Zic	Code)
	1 and 2 Health a em 27 is		GEORGE CROSLEY		303 A	TI.ANTIC	AVE., SAL	TSRIIRY	MD 218	304	
re,	of Health Item 27 r other tr		20e. Method of Disposition	20	b. Plece of Dispo			Dete	20c. Location		own, Stete
mo	Page Hr: H		1 Buriei 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specif			MEMORIA		2-26	SALTSRI	IRV	MARYLAND
Baltimore,	permit. Pages 'Department of Himportant: If the any Injury or of once.		21. Signeture of Funerei Service Licer		_	Neme end Add		2 20	DIIDID	, ,	IIIIIIIIII
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	certificate be executed ding physician and use as the burial-transit	Examiner	Sequantially list conditiona,	Dua 1	o (or as e conse	quance of):					
õ	e ex		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury								
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R		Completed						10	Yea 2 No		☐ Yes 2☐ No
ā			25. Wes case referred to medical				OO Disease Day				
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O	를 표를		27. Manper of Deeth	28a. Deta of Injury (Month, Day Yea	2 ER/Outpatier 28b. Tima o			lome 5 2 Resi	how injury occur		<i>y</i>)
on	ding h. Afte	tlor	1 Neturel 5 Pending 2 Accident Investigation		r) Injury		ork? □Yaa 2□No		, , ,		
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Division of	or Attending after death. Director: After d in by the fune	Certification:	4 ☐ Homicida detarmined	bullding, etc. (Sp	ecify)	out, rectory, office		City or To	wn, Stete)	70. 0. 110.2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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State of Maryland / Department of Health and Mental Hygiene

Physician /Medical Examiner 107 SPRUCE STREET 5. Social Security Number 6. Sex 1 Months Days Hours Min. 108 Street and Number 109 June	WICOMICO Dete of Birth (Month, Day, Year) 12-24-44 9. Birthplace (Stafe or Foreign Country) MARYLAND 10d. Inside City Limits 1
A common A continue A con	12 22 96 0807 tion of Deeth 4c. County of Death WICOMICO Dete of Birth (Month, Day, Year) 9. Birthplace (Stafe or Foreign Country) 12-24-44 9. MARYLAND 10d. Inside City Limits 1 Yes 2 No 10g. Citizen of What Country? U.S.A. Ty Yes or Nozen, etc.) 14. Race - American Indian, Black, Whita, etc. Specify: WHITE
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Total Tota	WICOMICO Dete of Birth (Month, Day, Year) 12-24-44 9. Birthplace (Stafe or Foreign Country) MARYLAND 10d. Inside City Limits 1
Funeral Director Social Security Number 6. Sex 1 m 2 F 7. Age (In yrs. last birthday) H Under 1 Yeer H Under 24 Hrs. 8.	Dete of Birth (Month, Day, Year) 12-24-44 9. Birthplace (Stafe or Foreign Country) MARYLAND 10d. Inside City Limits 1 1 2 Yes 2 No 10g. Citizen of What Country? U.S.A. 1y Yes or No- pen, etc.) 14. Race - American Indian, Black, Whita, etc. Specify: WHITE
Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location MD WICOMICO DELMAR 10f. Zip Code 107 SPRUCE ST 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces? 11. Never Married 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Tyes, specify Cuban, Mexican, Puerto Rice Specify Specify only highest grade completed) 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) 17. Father's Name (First, Middle, Last) 18. Mother's Name (F	12-24-44 MARYLAND 10d. Inside City Limits 1
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GEORGE WILLIS HUDSON NELLI 199 Informant's Name Polationship (Type Point)	First, Middle, Maiden Surname)
EDEE 199 Informant's Name/Relationship /Time Prints	E BURTON
	Route Number, City or Town, State, Zip Code)
RICHARD W. CARTER (SON) 18433 LOST KNIFE CIRCLE	, GAITHERSBURG, MD. 20879
RICHARD W. CARTER (SON) 18433 LOST KNIFE CIRCLE 20a. Method of Disposition 1 Disposition (Name of cemetery, crematory or other place) 1 Disposition (Name of cemetery, crematory or other place) 1 Disposition (Name of cemetery, crematory or other place) 2 DARSONS CEMETERY 2 DARSONS CEMETERY 2 DARSONS CEMETERY 2 DARSONS CEMETERY 2 DARSONS CEMETERY 2 DARSONS CEMETERY 2 DARSONS CEMETERY 2 DARSONS CEMETERY 2 DARSONS CEMETERY 3 DARSONS CEMETERY 3 DARSONS CEMETERY 4 DARSONS CEMETERY 5 DARS	Date 20c. Location - City or Town, State 27 SALISBURY, MD.
21. Signature of Funeral Service Licensee 22. Name and Address of Facility	
22. Name and Address of Facility	
23a. Part 1. Enter the disaasa, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or re	E, SALISBURY, MD, 21804 espiratory arrest, Approximete
shock, or heart failure. List only one cause on each line. Physician	Interval Between Onset and Death
/Medical immediate Cause (Final	CE
Examiner disease or condition resulting in death) ARTERIOSCLEROTIC CARDIOVASCULAR DISEATERIOSCLEROTIC CARDIOVASCULAR DIS	ASE
Oppose of injury that initiated events resulting in daeth) Last b. Dua to (or as a consequence of): Dua to (or as a consequence of): Dua to (or as a consequence of): Dua to (or as a consequence of):	
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o e state of the s	23b. Did tobacco use contribute to the cause of death? 1 Pes 2 No 3 Probably 4 Unknown
	1 Yes 2 No 3@ Probably 4 Unknown
Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part iii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.	24a. Was an autopsy 24b. Ware autopsy findings
	performed? available prior to completion of cause of death?
The law requirements that the law requirements are hes been a page 2 should Completed	
28. Plece of Death (C	1 Yes 2 No 1 Yes 2 No
25. Was case referred to medical examiner? 1	
1 Yes 2 No Norsing Home 28a. Date of Injury 28b. Time of 28c. Injury at 28c.	5 ဩ Residence 8 □Other (Specify) d. Describe how injury occurred
25. Was case referred to medical examiner? 1	
TO SEE TO LOCATION TO A COLORAR	Location (Street and Number or Rural Route Number,
9 5 5 5 5 3 Sulcide 6 Could not be 28e. Place of injury - At home, farm, street, factory, office 28f	City or Town, Stata)
1 Matural 5 Pending (Month, Day Year) Injury M 1 Pes 2 No 286 Place of Injury - At home, farm, street, factory, office 286 Place of Injury - At home, farm,	
E SEEC TO HOME OUR DURING, etc. (Specify)	due to the cause(s) and mannar as stated
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29a. Certifier (Check only one) 29b. Signature and title of cartifier 29b. Signature and title of cartifier 29c. License number D.M.E. D03599	at tha tima, data and place, and dua to the cause(s) 29d. Date signed (Month, Day, Year) 12-23-96

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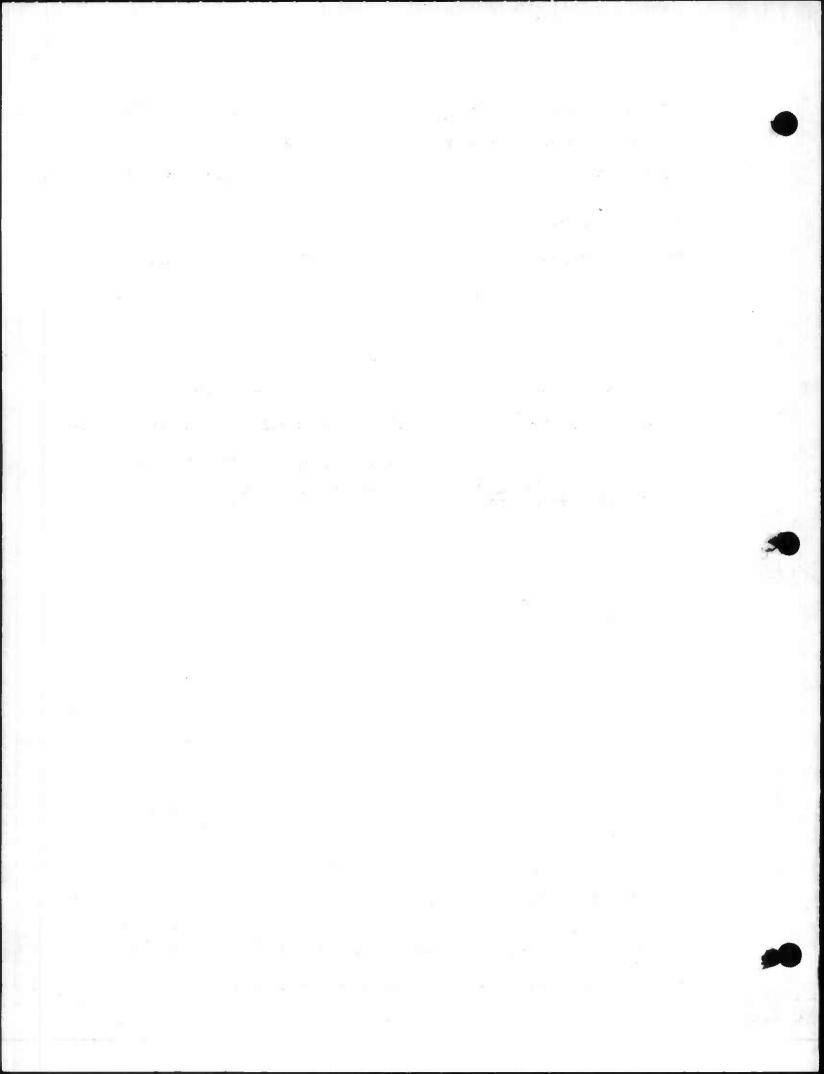
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Data of Daath 3. Tima of Death Physician Day Month Vaar Ha 20 Frances December 24, 1996 10:10a.m. /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Dennett Road Mannor Nursing Home Oakland Garrett 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) **Funeral** Birthplaca (Stata or Foreign Country) 1 □ M 2 🛛 F Days Hours 75 Yrs Director 212-38-5928 Oct. 14 1921 West Virgina Usual Rasidanca of Dacedant with the Maryland 10a, Stata 10b. County 10c. City, Town or Location 28a-1 show 10d. Insida City Limits r than "natural", or items 23s or 28s-1 show the Medical Examiner must be notified at Director 1 X Yas 2 □ No MD Garrett Loch Lynn 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 110 E. Second Ave. death Funeral 21550 U.S.A. 12. Was Decedant Evar in U,S. Armad Forcas? 1 ☐ Yas 2 ☐ No if Yas, Giva Yaar or Datas: 11. Marital Status Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarlcan Indian, Pages 1 and 2 should be filled within 72 hours after inent of Health and Mental Hygiene.
int: If Item 27 Is marked other than "natural", or ite Black, Whita, atc 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 X No Spacify. Completed by 3 Widowed 4 □ Divorcad Specify: White 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) College (1-4or 5+) 12 Housewife Home 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Surnama) Be John King Susan----Swick 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) nt of Health e If Item 27 is or other trai Charles E. Clary/Son 292 Deer Park Hotel Road, Oakland, MD 21550 20a. Mathod of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata Data 1 X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Department of important: If any injury or Deer Park Cemetery 12/27 Deer Park, MD 21. Signatura of Funarai Sarvica Licanine 22. Nama and Addrass of Facility Stewart Funeral Home mone 32 S. Second St, Oakland, MD 21550 23e. Pert1. Entar the diseasa, or compilcations thet causad the death. Do not enter tha moda of dying, such as cardiec or raspiratory arrast, shock, or haart failura. List only ona causa on each line. Approximata Intervei Batwaan Onset and Death Physician tmmediate Ceuse (Final Pulmonary diseasa or condition rasulting in daath) Examiner Due to (or es a consequence of) Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated evants rasulting In daath) Last buniel-tran Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. physician Physician/Medical use as the Due to (or as a consequanca of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? is certificate has been signed by director, page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Wes an autopsy this certificate has 1 Yas 1 ☐ Yes 2 No or Attending Physician: efter deeth. 25. Was casa rafarred to medical examiner? Be 26. Plece of Death (Check only ona) Hospitei: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 2 1 Yas 2 No 27. Menner of Death 28c. tnjury at Work? Certification: 28b. Tima of 28d. Dascribe how injury occurred After t s effer des. 1 Neturai 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be 3 Sulcida 28a. Piace of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) filled in by 4 Homicida To the Hospital of within 24 hours el To the Funeral D completely filled 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. Medical 29a, Cartifian 29b. Signatura and title district 29c. Licansa number 29d. Data signed (Month, Day, Year)

State Registrar

31. Data tiled (Month, Day, Year) DEC 31

30. Name and address of person who completed causa of death (Item 23a) (Type, Print)

Dr. Sotiere Savopoulas , State Street, Terr Alta, WV 26764 32. Registrar's Signature This Shoulson Rardall



State of Maryland / Department of Health and Mental Hygiene

40930

								Cer	titicat	e or	Death	7		Reg. No.			
	Diamata		1. Decedent's Neme (First, I	fiddle, L	ast)								2. Dete of De Month	eth Dev	Year	3. Tin	ne of Ceeth
	Physic /Medl		Nettie Mae Carr										Decemb			5	:3001
	Exami		4a. Facility Neme (If not Insti	ution, gi	ve street end n	um <i>ber)</i>					4b. City, To	own, or L	ocation of Deat	ath 4c. County of Deeth			
			Meridian 1	ter, S	Spa Creek Annapo				napol	lis	An	ne Ar	runde	1			
	Funeral		5. Sociel Security Number		Sex	7. Age	(In yrs. lest bi		If Under	1 Yeer Deys		Min.	8. Dete of Bil (Month, De	th ev. Year)	9. Birtl	Birthplace (State or For Country)	
	Director		212-42-3547		1□M 2□F	8	4	Yrs.		,-	1.00.0		Sept 1	2 1912		Maryland	
	D .		Usuel Residence of Decedar 10a. Slete 10b. Co			10c. City, Tov	en or Lo	nation						404 1 11 05 11 5		to Oit I look	
	anyla eho	-	100.00	roc. Oity, Tor							10d. Inside City Limit						
	2 1 1	Director	Florida Se		San	ford	-				1 □ Yes 2 No						
	d within 72 hours after death with the Maryland plene. Than "natural", or Rema 23s or 25s-f show the Medical Examinat must be notified at		300 West Airport Blvd. #125				-	10f. Zip Code						10g. Citizen of What Country United Stat			
		- a	300 West Air		32773												
	P P P P P P P P P P P P P P P P P P P	Funeral	11. Meritei Stetus 1 ☐ Never Merried 2 ☐	ver in U,S.	 Wes Decedent of Hispanic Origin? (Specify Ye If Yes, specify Cuben, Mexican, Puerto Ricen, 6 						14. H6	ca - Ame ock, White	rican India e, etc.	n,			
0200-91212	a si	by F	% Widowed 4 □ Divo)	1	☐ Yes	2 X No	Specify	*		Specify: White						
ş	tura l	8	15. Dec	168	18a Danadente Heuri Conunction						16b. Kind of Businass/Industry						
2	E 1 8	Completed	(Specify only highest grade completed)					16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)						Tob. Kind of Business/Housery			
7	liled within Hygiene. other than "	mo	Elementery/Secondery (0-12) Coilege (1-4or 5+)					Homemaker						Home			
	other vent, p	Be C	17. Fether's Neme (First, Mic		18. Mother's Neme (First,												
bailimore, maryland	should b nd Menta marked umartic e	To B	Robert H.]	Nett	ie C. A	Adams						
			19e. Informent's Neme/Rele	19	o. Maiiin	g Address	(Stree	t end Numb	er or Rui	ral Route Numb	nber, City or Town, Stete, Zip Code)						
Σ	Health ar Health ar em 27 is		Patricia L	eek-	Sister		1	6 Sh	ore	Walk	<	R	iva, Ma	aryland 21140			
9	8 T P		20e. Mathod of Disposition				20b. Piece o	of Dispos	sition (Nar	ne of	ice)		Dete	20c. Location	- City or	Town, Stat	0
Ĕ		-	1 Burial 2 Creme 4 Donetion 5 Other	ion 3 L or <i>(Speci</i>	_IRemovel from ity)	Stete	1		-			rv 1	2/27/96	Annapo	lis.	Mary	land
	pemit. Pa Departmen Important: any injury pnce.	0	21. Signature of Funeral Ser	vion Lice	nsee	1	//										
Ď	Depa impo	1	thring of	1.	T	the.	/	1/	7 D.	1	. f. 01.	John	n M. Ta	ylor Fu	nera.	L Hom	e, Inc.
	_		23a. Pert1. Entar tha disees	e, or con	nplications thet	caused II	he death. Do							. Annap	orrs	Approxi	
	Physician		23a. Part1. Entar tha diseese, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or haert feilure. List only one cause on each line. Approximate Interval Between Onset and Death											Between			
)	/Medical		Immediate Ceusa (Finai						WEL SYNDROME						+Tmo		
E	nding physician and use as the burial-transit		diseese or condition resulting in death)	/C L	_ >	41	IDN	UVVI	0			1	1110				
Ш		je l			114	RIA	ue to (or es e	Conseq	n A / /	2	01.11	a	TNFA	Demin	10	+ +	han
		Examiner	Sequentially list conditions	ue to (o/ es e	SMALL BOWEL JNFA es e consequence of): Hrial FiBRILLATION)			MO			
Ď	certificata be executed ding physician and ise as the burial-transit		Sequentieity list conditions, if any, leading to immadiete cause. Enter Undarlying Cause (Disaese or injury	1e													
00/00	yslci be bu	cai	Cause (Disaese or injury that initieted events resulting in deeth) Last Due to (or es e consequenca of):														
0	ntifica ng ph	//Medical															
	signed by the atte	Physicia	Pert II. Other significant cor	not resulting	ing in the underlying cause given in Pert t.					23b. Dld	tobacco use c	ontribute	to the cau	use of death			
5	The law requires that the death ste has been signed by the atte page 2 should be detached for	Phy											10	Yee 2 No	3 🗆 Pr	obably	4 🗌 Unknow
ń	gned be de	þ															
2	been si should	ted							24a. W						8	available pi	
ັນ	has be	pie													0	completion of death?	of cause
Ē	te he	Completed											10	Yes 2 No	1	I □ Yes	2□ No
2		Be	25. Wes case referred to me	dical							26. Plec	e of Deel	th (Check only	one)			
Division of Vital Records,	Attending Physician: or death. ector: After this certific by the funeral director,	To	exeminer? 1 ☐ Yes 2 및 No		Hospitel:	Inpatient	2 ER/O	Other						Residence 8 □Other (Specify)			
	g Pm erth		27. Menner of Death	1!	28e. Dete	of Injury	28b.	Time of	2	8c. Inju Wo	ry et		28d. Describe	28d. Describe how injury occurred			
5	mending Ph death. ctor: After thi y the funeral	atio	Z C Accident	estigation	on	m, ouy	, 641,	jury	M		Yes 2□	No					
<u>"</u>	or Attending after death. Director: After I in by the fune	Certification:	3 Suicide 8 Could not be determined 28e. Plece of Injury - Al hon						et, factory	, office			28f. Location (8f. Location (Street end Number or Rural Route Number, City or Town, Stete)			
5	a after al Direction of the best of the be	Cer	4 ☐ Homicide building, etc. (Specify) City or Town, Stete)														
	of the Hospital of All within 24 hours after of To the Funeral Direct completely filled in by	edicai	29a. Certifier Certifier (Check only 2 Med	ifying Pi	hysician: To the	e best of	my knowledge	e, deeth	occurred	at tha ti	ime, dete er	nd piece,	and due to the	cause(s) end m	anner as	stated.	100(0)
	the F	<u>8</u>	one) 2 Medical Examiner: On the basis of examinetic end menner steted.						on end/or investigetion, in my opinion, daeth occurred at the					time, dere and piece, and due to the cause(s)			
	K to Lo	Σ	29b. Signature and title of ce	rtifier	1 1	ha		29c. License number						29d. Dele signed (Month, Dey, Year)			
			Teller	6	Vey	UU	u	V)		D1:	1653			Decemb	er 2	3, 19	96
			30. Neme and address of per	son who	completed ceu	se of dee	oth (Item 23a)	(Type, I	Print)								
			Peter F. Ve					cal	Park	way	Anna	poli	s, Mary	land 21	401		
	Sta	_	31. Date filed (Month, Dey, Y			_	s Signature										
	Registi	ar	DEC 2.7	1996	3 40	harda	widson-1	ande	22								
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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERT	IFIC	AIE	F DEA	IH		REG. NO.														
1. 0	1. DECEDENT'S NAME (First, Middle, Lest) Maisie Amelia Cole									2. DATE O	DA	3. TIME OF OE	Am Am												
4. 5	SOCIAL SECURITY NUMBER		5. SEX	vrs. lest birtho	s. lest birthday) IF UNDER 1 YEAR			AR IF UNDER 24 HRS.		7. DATE OF BIRTH		1996	LACE (State or												
9	112-74-93	1 🗆 M 2 🔀 F	_	A YR	MO	NTHS DAY	-	MIN.	(Month,	ber 22	1904	Country	vland	. Grangii											
	FACILITY NAME (If not in	stitution, give s	treet and number)			98	b. CITY, TOW	N OR LOCAT	ION OF OE				NTY OF DE												
	allston G		Fallston						Harford																
10a	MD	ord 10c. city				own or Lo Falst						10d. INSIDE CITY LIMITS? 1 YES 2 HO													
10e	. STREET AND NUMBER		101. ZIP CODE							HAT COUNTRY	^_														
	203 Connol	.1y Roa		2104						Inited	d State	es													
10	MARITAL STATUS Never Married 2	U.S. ARMED 2 V VO TES	₩O It yes, specify Cuban, Max				can, Puarto Rican, etc.)				14. RACE — American Indian, Black, White, atc. Specify:														
_^^	3XXWIdowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY											9													
-	(Specify on	ly highest grade	completed)		(Give kine	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					CIND OF BUS	SINESS/INI	DUSTRY												
	Elementary/Secondary (I	J-12)	College (1-4 or 5	+)		Homemaker					Hon	ne													
17.	FATHER'S NAME (First, A	fiddle, Last)				18. MOTHER'S																			
	James Bran	denbur	re					Susan Thomas																	
194	I. INFORMANT'S NAME (Type/Print)			19b. MAI	IAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								- 11											
	Irene Arch		ighter		20	3 C	onnol	ly Ro	ad Fa	1stor	ı, Mar	cylan	d 210	047											
20s	a. METHOD OF DISPOSIT	ION on 3 Rem	oval from Stata	ceme	PLACE AND D	v or other	nlacel			DATE			City or Tow												
40	Buriel 2 Cremete Donetion 5 Other			F	t. Lin	col	n Cre							Maryla											
10	22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home.																								
7	FualAl	0/0	In You	/			147	Duke	of G	louce	ester	St.	Annaj	polis,	MD214										
23	23. PART I. Enter the diseases, or computations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate																								
100	shock, or heart fallure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final											Between and Death													
dis	disease or condition realiting in death) a. ACUTE PENN FAICHE Due to (or as a consequence of): CONSESTIVE HEART FAICHE										124	recks													
100	eutting in death)		DUE TO	(OR AS A	CONSEQUENC	CE OF):		,,						1	(LA)										
	- successibility lies amount	lane (0 (C	NOFS	TUE		MET	FAIL	URE					400	5										
10	DUE TO (OR AS A CONSEQUENCE OF):																								
C/	iuse. Enter UNDERLY AUSE (Disease or inju		c.	(00 40 4	CONSEQUENC	or on																			
th	at initiated evente auiting in deeth) LAS	т	DOE TO	(OH AS A	CONSEQUENC	JE OF):																			
			d				-							+											
PA											WERE AUTOPSY AMAILABLE PRIC														
	OC STATE OF THE ST									COMPLETION OF CAUSE OF DEATH?															
													- 1	1 YES 2] NO										
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN																								
25.	. WAS CASE REFERRED T	O MEDICAL	11000174	2	26. PLACE OF			one)																	
	EXAMINER? 1 YES 2 NO 1 Consent 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)																								
	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)					28b. TIME OF 28c. INJURY AT WORK?				28d. DESC	RIBE HOW I														
	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation						4.4		□ NO																
		Could not be	28s. PLACE 0 building	of INJURY	— At home, to	orm, stre	et, factory, o	offica		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)															
1	4 Homicide	datarmined																							
291	a. CERTIFIER 1 CER	TIFYING PHYS	SICIAN: To the best of	t my knowli	adga, daath o	courred	at the time,	deta and plac	ca, and dua	to the caus	e(a) and ma	nner sa sta	ited.												
	anal .	ICAL EXAMINI	ER: On the basis of a	xamination	and/or Invest	Igation,	In my opinio	n, death occ	ured at the	time, data s	ind place, ar	nd due to t	he cause(a)	and manner a	a stated.										
291	B. SIGNATURE AND TITLE	E OF CENTIFIE	111 -					29c. Li	CENSE NUN	MBER		29d. DA	TE SIGNED	(Month, Day, Ye	ar)										
	May	Ille		N	ND			02	284	3 DECember 21 1996					1996										
30.	NAME AND ADDRESS C	F PERSON WI	O COMPLETED CAL	SE OF DEA					3 1				- 2												
	200T N	OCK SI	PRING RO	1/2	F	EWI	OPT I	HILL	m	1	20	050													
31.	DATE FILED (Month, Day	/bar)	12. DEGISTR	ADE SIGNI	ATURE	.90-						¥													
	DEC 2	1 1330	Junes	Jan 420	and hair	-									DEC 2 7 1996										

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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					Cer	tificate of	f Death		Res	2. No.	U	40334			
			1. Decedent's Neme (First, Middle, Las	t)					Date of Death		GOO.	3. Tima of Death			
	Physic		Baird Enix	Cowell					Month	Day 2 1 1	Yeer 996	/. AM			
	/Medi Examir		4a. Facility Neme (If not institution, give				4b. City, Tox	wn, or Location	cember on of Death	4c. County		4AM			
	EAGIIII		/15/ Calla Casa	l. Dand			P.1.			Α.		. 1 1			
	Funeral		5. Social Security Number 6. So		last birthday)	If Under 1 Yaa	r if Under	ewater	Dete of Birth Month, Day,	An		rundel			
	Director		170 10 7570	M 2□F	Yrs.	Months Deys	s Hours	Min.	Month, Day,			placa (Stata or Foraign ntry)			
			172-12-7578 Usual Residence of Decedent	76				N	ov 7 1	920	Peni	nsylvania			
	ylan Mow		10e. Stete 10b. County	10c. City	, Town or Lo	cation					1	10d. Inside City Limits			
	Ma F	ţō	MD Anne A	rundel	Edg	gewater						1 □ Yas 2 □ No			
	1 the	Director	10e. Street end Number			10f. Zlp Code	Ž.		10	. Citizan of	Whet Cour	ntry?			
	3a o		4154 0 11 - 0	1 0 1			01007			** *	1 0.				
	me 2	Jers	4154 Cadle Cree	12. Was Decedent Ever in U,		Ves Decedent of	21037 Hispenic Orig	gin? (Specify	Yes or No-	Unite		aces can indien,			
0	of the	Funeral	1 ☐ Never Merried 2 ☐ Merried	Armed Forcas? 1 ☑ Yas 2 ☐ No		Yas, specify Cu		, Puarto Rica	in, atc.)	Bie	ck, Whita,	atc.			
21215-0020	72 hours after death with the Maryland natural', or itams 23a or 28a-f ahow disal Exacting must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If thes, Give Year or Detes: WWII	1	I□Yes 2∏ No	Specify:			Specifi	v: WI	hite			
9	2 ho	Completed	15. Decedent's Ed	ucation	16e. Deced	lent's Usuel Occi	upetion		10	6b. Kind of B	usinass/in	dustry			
21	nin 7	pie	(Specify only highest grade Elamentery/Secondary (0-12)		(Give I	kind of work don OO NOT use retir	e <i>during</i> most red)	of working							
21	iene.	E 0	Clamenery/Secondary (0-12)	Coilege (1-4or 5+)	Po	lice Of	ficer			Law	Enfo:	rcement			
	Hygid other	Be C	17. Father's Name (First, Middia, Last)				7	r's Nema (Fil	rst, Middla, Mi	iden Suman	ne)				
Maryland	should be and Mental marked o	ToB	James D. Cowell					Edi	th Bai	rd					
Ž	and Mand Mand Mand Mand Mand Mand Mand M	-	19e. Informant's Neme/Reletionship (7	vpe. Print)	19b. Mailin	g Address (Stree	et and Numbe	r or Rural Ro	oute Number.	City or Town	State Zir	a Code)			
×			0111011	0											
0	of Health of Health Item 27 It other tra		Charles Cowell- 20e. Method of Disposition	20b. P	iece of Dispos	sition (Name of				ogewat c. Location		MD 21037 own, Stata			
no			1X Burial 2 Cremetion 3	Hemoval from Stete		natory or other pi	12	/23/96							
Baltimore,		10	4 □ Donetion 5 □ Other (Specify 21. Signature of Funeral Service Licent	Mar	yland	Veteran	Cemet	ery	C	rownsv	iiie	, Maryland			
Ba	permit. Page Department of Important: If any Injury or otice.	(1 J A A		22	, Name end Add	ress of Fecility	John	M. Tay	lor Fu	nera.	, Maryland 1 Home, Inc			
			tenalol &.	· lastu	14	7 Duke	OI GIO	uceste	r St.	Annapo	lis,	MD 21401			
			23e. Pert1. Enter the disease, or comp shock, or heart feilure. List only	olicitions that caused the deeth ona cause on aach line.	n. Do not ente	er the mode of dy	ying, such es	cardiac or re	spiretory arres	it,	1	Approximata Interval Between			
	Physician			/					0	-		Onset end Death			
	/Medical Examiner		Immediete Cause (Finel diseese or condition	· 100	iti	Rusp	MAN	m	42	luce		2 days			
	LAditimici	a.	rasulting in daath)	Due to (o	r as a conseq	uence of):			,						
	P #	ne l	_	b. Chun Dua to (or	uc :	NSDI	RATU	y	cule	ul	į	2 minth			
	icate be executed physician and s tha burial-transit	Examiner	Sequentially list conditions,	Dua to (or	es e conseq	uence of):									
Ő	e ex		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	Adeno	cono	inon	1A	R)lun	Or		ŧ	4 month			
68760,	ifficate b g physic as the b	edicai	that initieted events resulting in deeth) Last	Due to (or	as a consequ	uence of):					1				
9 ×	ertificate be executing physician and se as the burial-trans	Med		Chrim	10 0	STORE	dia	1. Pa	emine	11 Di	SLAS	Q. Zoyu			
Bo	0 6 5	an		0	, ,	J 0 1000				111					
	that the death ed by the atter detached for u	Physician	Pert II. Other eignificant conditions co	ntributing to death but not resu	Ilting in the un	nderlying cause g	jiven in Pert i.		23b. Did tob	acco yee co	ntribute to	o the cause of death?			
<u>Р</u>	by the	Phy		MUNITAR					1 19	2 □ No	3 Pro	bably 4 Unknown			
	8 58	o Be Completed by F		Mypulisi	204	-									
ord	v requires that been signed b should be dete								24e. Was an			ere autopsy findings vallable prior to			
9	S 77 (t)								portoni		CO	empletion of cause death?			
	The la								1 ☐ Yes	2 ₩10	11	□Yas 2□No			
	ilclan: The lay certificate has rector, page 2		25. Wes case referred to medical												
>			examiner?	Hospital:	ED/Outnotlant	20 DOA 0	Wher:		eeth (Check only one)						
o	Phys r this erai di	-	27. Menner of Deeth	1 Unpatient 2 UER/Outpatient 3 UDOA 4 No.							ng Home 5 ☐ Tesidence 6 ☐ Other (Specify) 28d. Describe how injury occurred				
Division	Attending Ph is death. ector: After th by the funeral	tior	1 ☑Netural 5 ☐ Pending investigation	(Month, Day Year)	injury		ork? ⊒Yes 2⊟1	No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
S	aftar death Olrector: A I in by tha f	fica	3 Suicide 6 Could not be	Suicide 6 Could not be						28f. Location (Street and Number or Rural Route Number,					
2	i Dig	Certification:	4 Homicide	building, etc. (Specify	ilding, etc. (Specify)						or Town, State)				
- 1	ours ours fille		29a, Certifier 17 Certifying Phy	elcian: To the best of my know	vlados dasth	occurred at the	time dete end	d plece, end i	due to the cau	ise(s) and mi	enner as s	stated			
	P Fur Petaly	edical	(Check only 2 Medical Exam	inar: On the basis of examinet end menner steted.	ion end/or inv	estigetion, in my	opinion, deet	th occurred e	t the time, dat	e end plece,	end due to	o the cause(s)			
	To the Hospital or within 24 hours after To the Funeral Olic completaly filled in	Me	29b. Signeture and title of certifier			29c. Licer	nse number		29	d. Date signe	d (Month,	Day, Year)			
	F 5 F 0		M. CV.		LI		Nan'	2/4		12/2	110	(
			THY WO		NI	ر (ماما)	1208	517		10-10-	117	9			
			30. Name and address of person who o	ompleted cause of deeth (Item	238) (Type, I	A A A	ac n	eida	.0.	AID	A	Mantrel Cakes			
			31. Dete filed (Month Day, Year)	32. Registrer's Signer	12 00	עריי	اا د	ung	uy	nue	N/	2/401			
	Sta Registr	_		180. 20.	land Man	date		V	1						
	i iegisti	uı	DEC 2 7 199	TO TOWN	mm 1/										

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

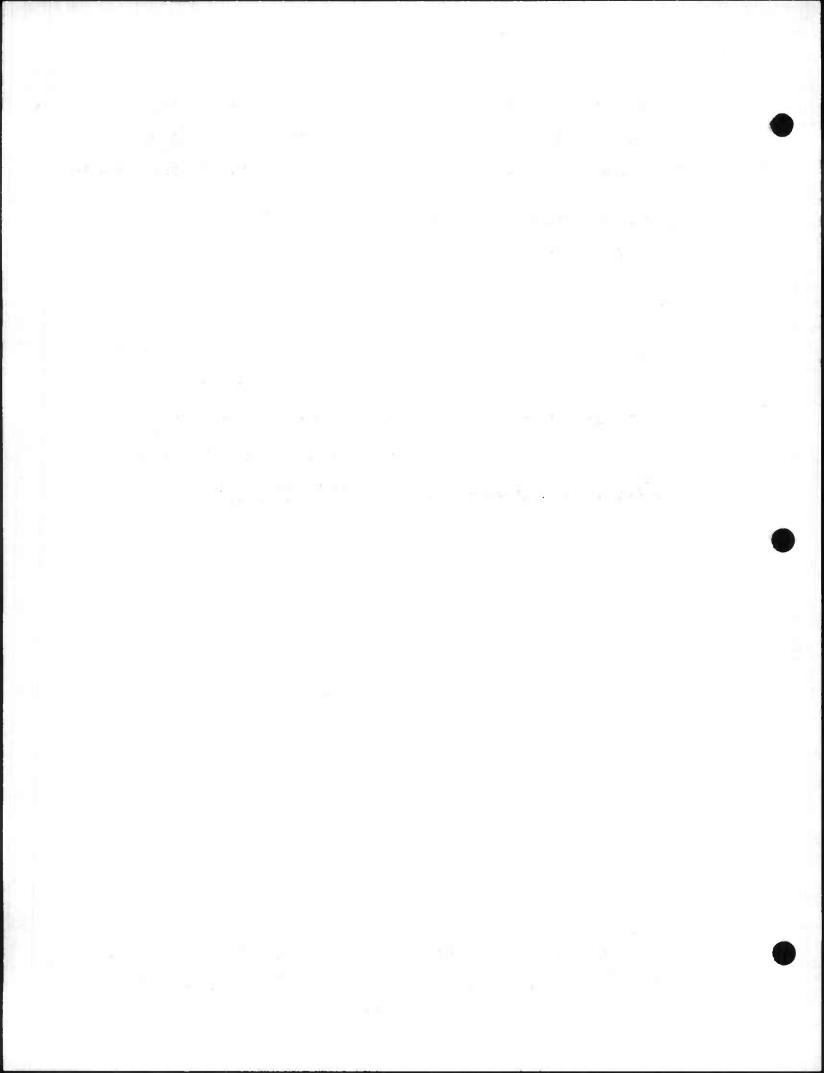
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	Physici /Medic			e (First, Middle, Las ESTINE V.							2. Dete of De Month 2		Year	-	ne of Death 45 am
	Examir			If not institution, give S NURSING						tb. City, Town, or NNAPOLIS		th 4c. Count ANNE	y of Death ARUN		
	Funeral Director		5. Social Sacurity N 219-16-03		ex 7	7. Age (In)	rs. lest birthday) Yrs.	If Undar Months	1 Yaar Deys	If Under 24 Hrs Hours Min		nth Year 1926	9. Birth	pleca (Stendar) YLANI	eta or Foreig
	9		Usuel Residence of												
	nytar show		10a. Stete	10b. County		10c.	City, Town or Lo	cation							de City Limit
	Ba-f s	cto	MARYLAND	ANNE ARU	NDEL	A	NNAPOLIS							111	Yes 2□N
	with the Marylans a or 28a-f show	Director	10e. Street and Nu					10f. Zip				10g. Citizen of	What Cou	intry?	
	ath w	ra l		MAN DRIVE				214				US			
5-0020	72 hours efter death with the Maryland haturel*, or items 23s or 28s-f show likel Examiner roust be notified at	by Funeral	11. Maritai Status 1 □ Never Marr 3 ☒ Widowed	ied 2 Merried	12. Wes Deced Armed Ford 1 Tes 2 If Yes, Giva Yaer or Dat	1	n U,S. 13.	Was Deced f Yas, spec I□Yes 2	77	lispanic Origin? (9 an, Mexican, Puer Specify:	Specify Yas or Note 10 Rican, etc.)		ce - Amari ock, White fy: BLA	, etc.	n,
9	72 hours natural',			15. Decedent's Ed	lucation		16a. Dece	ient's Usue	l Occup	ation		16b. Kind of E	Business/Ir	ndustry	
215	e - 8	Completed	(Spec	only highest gra	de completed) College (1~	4or 5+)	(Give	kind of wor DO NOT us	k done e e retired	during most of wo	nrking			_	
2121	77 00 10 100	E O	12th		0	401 017	FOST	ER PA	REN'	T		STATE C	F MA	RYLAI	ND
	office of the very	Be	17. Fathar's Name	(First, Middle, Last)						18. Mother's Ne	me (First, Middle	, Meidan Sume	ma)		
Val	should be filed vind Mental Hygie marked other turnatic event, in	10	ULYSSE	SS BROOKS						EL	EANOR S	PRIGGS			
, Maryland	nd 2 27 ls			eme/Reletionship (7 CHASE (S				-		and Number or F ANNAPOLI			, State, Zi	p Code)	
Baltimore,	00-			position Cramation 3 5 Other (Specify		toto	b. Plece of Dispo cemetery, crer ILL CRES	netory or o	her plea		Dete 2/30/96	20c. Location ANNAPOL			е
Balti	permit. Pag Department Important: h any Injury o		21. Signature of Fu	unerel Service Licen	500 M F	?ee	AO WI	. REF	SE	ss of Facility & SONS M					
	_		23a Part1 Enter t	he diseese, or comp ort fellure. List only	nicetions that ca	uead the d	eath Do not ent	WES	T S	T. ANNAP	OLIS, M	21401	-	Approx	imeta
x 68760,	Medicate be executed ending physician and use as the burlal-transit	an/Medical Examiner	Immediate Cause disease or condition resulting in death) Sequentially list on it any, leeding to incause. Enter Unde Cause (Disease or that initiated events resulting in death)	onditions, nmediete styling injury	e. A	Due t	o (or es e consec		ere	reporth	4			3 Mc	ndle.
Box	eth ca	lan			0.								1		
o'	that the deeth ed by the ette deteched for	Physici	Pert II. Other aignit	licant conditions of	ontributing to dea	th but not	resulting in the u	nderlying c	ause giv	en in Pert i.	23b. Did	tobacco usa co	ontribute i	to the cau	use of death
9	res that the signed by be detected	y Ph									1□	Yaa 2□ No	3 □ Pro	obably	4 Unknow
Records,	aw requii ss been s 2 should	Completed by										s an autopsy ormed?	a' C	valiable p	psy findings rior to n of cause
	0 - 0	ОПО									10	Yas 2 No	1	☐ Yes	2□ No
ita	iclan: The certificate rector, pag	Be (25. Wes case refer examiner?	red to medical						26. Place of De	eth (Check only	one)			
of Vital	Physiclan: this certific ral director,	70	1 ☐ Yes 2 ☑	No	Hospitei: 1 ☐ In	patient 2	ER/Outpatier			4 Nursing	Homa 5□ Ras	idence 8 □Ot	har (Speci	ity)	
Division o	Attending Pland of the death. Setor: After the by the funera	Certification:	27. Menner of Deet 1 Ø Neturel 2 ☐ Accident	5 Pending investigetion		Injury , Dey Year	28b. Time of injury	M 2	Bc. injun Wor 1 🔲	y et k? Yes 2 □ No	28d. Describe	how injury occu	rred		
Divi	s after d	Certific	3 ☐ Suicide 4 ☐ Homicide	6 ☐ Could not be determined	28e. Piece c	of injury - A g, etc. (Sp	t home, farm, str ecify)	eet, fectory	, office			(Street end Num wn, Stete)	ber or Rui	ral Route	Number,
	To the Hospital or Attending Ph within E4 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Certifier (Check only one)	1 Certifying Phy 2 Madical Exam	ysician: To tha b siner: On tha bas and manne	sis of axam	knowledge, deeth Inetion and/or inv	occurred e restigetion,	t the tin	ne, dete end plec pinion, death occ	e, end dua to the urred at tha tima	causa(s) and m	anner as , and due	stated. to tha cau	ise(s)
	To the To the Com	M	29b. Signature and	title of centries	1		7-	29c	Licans	a number		29d. Dete sign	ed (Month	Day, Ye	ar)
			W.F	Upril	11111	16	410	_]	70	519	7	12/20	5/9	/	
			30. Neme, and eddr	eas of person who	completed cause	of deeth (item 25a) (Type,	Print)	_	18.	1	11	1 0		15
	Sta	te	Ridgard 31. Date filed (Mon	th, Dey, Year)	chman 32. Re	1 MI) 18 3 gneture	3Ht	Ore	est Dr.	Anna,	selt, V	uk.	2/4	a

State Registrar

DHMH 16 Rev 6/95

Sulia Davidson-Randola



State of Maryland / Department of Health and Mental Hygiene

96 4093

					Cei	tificate o	f Death		Reg. No.	0	40934
	Obversa		1. Decedant's Nama (First, Middla, Last)					2. Data of Dea	ath Day	Yaar	3. Tima of Death
	Physici /Medi		NANCY P. CAM	PBELL					1996	1441	7:55 pm
	Examir		4a. Facility Nama (If not Institution, giva s	street and number)			4b. City, Town, or	Location of Death	4c. Count	y of Death	
			ANNE ARUNDEL MEDIC	AL CENTER			ANNAPOLIS		ANNE	ARUNI	DEL
	Funeral Director		5. Social Security Number 6. Sax 217-46-3783	M OTE	n yrs. last birthday) 3 Yrs.	If Undar 1 Yas Months Day			y, Year)	9. Birthp Cour SOUTI	olace (State or Fore otry) H CAROLIN
	pue .		Usuai Rasidance of Decedant 10a. Stata 10b. County	10	Oc. City, Town or Lo	cation				4	0d. insida City Lim
	Aeryle T sho	50				oation					1 X Yas 2 □ I
	the N	Director	MARYLAND ANNE ARUN 10e. Street and Number	DEL A	NNAPOLIS	10f. Zip Code			10g. Citizan of	What Cour	
	with with	ā	27 BLOOMSBURY SQUA	RE		2140			rog. Oitizaii oi	US	My r
	leath m 23	era		12. Was Decedent Eva	r in U.S. 13. V		f Hispanic Origin? (S	pecify Yas or No	- 14. Ra	ce - Amaric	an Indian.
Baltimore, Maryland 21215-0020	n 72 hours after death with the Merylend "natural", or liems 23e or 28=/ show edical Experient must be notified at	by Funeral	1 Nevar Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yas 2 💆 No If Yas, Giva Yaar or Datas:	1	f Yas, specify Cu I □ Yas 2🗓 N	uban, Maxican, Puar	to Rican, atc.)	Ble	ry: BLAC	atc.
5-0	72 ho	Completed	15. Decedant's Educ (Specify only highast grade	cation	16a. Deced	lent's Usual Occ	cupation ne during most of wo	rking	16b. Kind of E	usinass/în	dustry
21	5 4	nple	Elementary/Secondary (0-12)	College (1-4or 5+)	life. L	DO NOT use reti	ired)				
7	77 70 10 10	ပိ	10th	0		DOMESTI					E THE HOM
pur	ii ii ii ii ii ii ii ii ii ii ii ii ii	Be	17. Fathar's Nama (First, Middle, Last)	II CD				ma (First, Middle,		na)	
3	2 should be and Mentel is marked or surratic eve	٩	WALLACE CAMPBE					AE JACOB			
Mai	0 0 0 0		19a. Informant's Name/Relationship (Ty)		19b. Mailir	ng Addrass (Stre	et and Number or R	ural Routa Numbe	er, City or Town	, Stata, Zip	Code)
e,	of Health item 27 i		SHANTA JONES (DAUG 20a, Mathod of Disposition		27 BL 20b. Place of Dispo		Y SQUARE	ANNAPOLI Data	S, MD.		
וסר	Pages nent of I art: If its		1 □ Surial 2 □ Cramation 3 □ R	amoval from Stata	cemetery, cren	natory or other p					
Ē	교원관등 .		4 Donation 5 Other (Specify)		ANNAPOLIS			2/28/96	ANNAPOL	IS, M	ID. 21401
Ba	Depa Impo Impo Ince		21. Signature of Funaral Sarvice License	A	Wm	. Nama and Add	& SONS M	ORTUARY,	P.A.		
			Larry D.	feese	82	1 WEST	ST. ANNAP	OLIS, MD	. 21401		
			23a. Part1. Entar tha disaasa, or compile shock, or haart failura. List only on	cations that caused that a causa on each line.	daath. Do not ant	ar tha moda of d	lying, such as cardia	c or raspiratory a	rrest,	į	Approximata interval Between Onset and Death
	Physician /Medical Examiner		Immediata Causa (Final disaasa or condition rasuiting in daath) a	Pulma	mary f	- i bros	in			1	2yrs
		P.		Due	a to (or as a conseq	uance of):				į	,
	nsit insit	Examiner	_ b	Anan	anca	*				<u>i</u>	14
	angual-tra	Exa	Sequentially list conditions, if any, laading to immediate cause. Enter Underlying	CH F	a to (or as a conseq	uance of);				-	1
68760,	sicia bur		Causa (Disaase or Injury that Initiated evants		40.60						14
Box 68	sath certificate be executed attending physician and for use es the burial-transit	an/Medical	rasulting in death) Last	Cor	Pulm						14
E	that the death co	Physician/	Part II. Other significant conditions con	tributing to death but n	ot rasuiting in tha ur	ndarlying causa	givan In Part i.	23b. Did	lobacco use co	ontribute to	o the cause of deal
P.O.	that the ned by the detach	Phy	Trans Anna	e. M	AT			10	Yes 2 No	3 Prof	bably 45 Onkno
	8 58	by	steep ripra		AT	-					
50	v requires been sign should be	Completed							an autopsy med?	av	ara autopsy finding allable prior to
ec	N 2 8	nple								of	mpletion of cause death?
<u>=</u>	Page 1	Con						101	ras 2 No	10	☐ Yas 2☐ No
of Vital Records,	ysician: The la is certificate ha director, page	Be	25. Was casa rafarred to medical axaminar?					ath (Check only o	ne)		
5		70	TLI Yas ZE NO	ospital:	2 ER/Outpatien	1 3LI DOA		Ioma 5 Rasid			у)
	uner uner	lon:	27. Manney of Death 1 □Natural 5 □ Panding	28a. Data of Injury (Month, Day Ye	28b. Tima of Injury	W		28d. Dascribe I	now Injury occu	rred	
Sic	Attending or death. ector: After by the fune	cat	2 Accident invastigation 3 Suicida 6 Could not be				☐ Yas 2 ☐ No				
Division	i or Attending after death. Director: After d in by the fune	Certification:	4 Homicida datarmined	28a. Place of Injury building, atc. (5		eet, factory, offic	×8	City of Tox		ber or Hura	al Route Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	29a. Certifier (Check only one) 1 Certifying Phys 2 Medical Examin	ician: To the best of mer: On the besis of exe	amination and/or Inv	occurred at tha vastigation, in my	time, data and place y opinion, daath occu	, and dua to tha irred at tha tima,	causa(s) and m data and piace,	annar as si end due to	lated. the cause(s)
	To the Ho within 24 To the Fu	Me	29b. Signature and titla of certifiar			29c. Lica	nsa number		29d. Data signo	ed (Month,	Day, Year)
)	2 0		▶ Cefound	MO	40	D	31997	-	12/2	-3/9	6
			30. Nama and addrass of person who con	mplated causa of death	3 Medi	cel Phi	way Stol	00 Ann	رمانم ,	md	21401

DHMH 16 Rev 6/95

State Registrar 31. Data filed (Month, Day, Year)

DEC 3 0 1996

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State of Maryland / Department of Health and Mental Hygiene 96

96 40935

la in				,	Certificate	e of Death	R	eg. No.	0 7	, , , ,
ı	Dhysis		Decedent's Name (First, Middle, Last)				2. Date of Deat	th	3. Years	Time of Deeth
Л	Physic /Medi		Gladys Ellen Cronsh	aw			Decemb	er 10,	, '*1996	10:00
)	Exami		4a. Facility Name (If not Institution, give streat and n			4b. City, Town, or	Location of Death	4c. County	of Death	
	2000	Ш	2400 Barclay Road (At H	lome)		Barclay		Queen	Annes	
	Funerai Director		5. Social Security Number 218-20-7347 Usual Residence of Decadent	7. Age (In yrs. lest birt	Yrs. If Undar Months	Year If Undar 24 Hrs Days Hours Min		Veerl	9. Birthplaca Country) Indiar	(Stata or Foreign 18
	fand ww		10a. State 10b. County	10c. City, Town	or Location				10d. Ir	nside City Limits
	Mary Fish	tor	Maryland Queen Annes	Barcl	av					Yas 2 No
	r 28s	Director	10e. Street and Number		10f. Zip (Code	1	0g. Citizen of V	What Country?	
	h wit	a D	2400 Barclay Road		21	.607		U.S	. A.	
	dea	Funeral		cedent Ever in U,S.	13. Was Decede	ent of Hispanic Orlgin? (S fy Cuban, Maxican, Puer	pecify Yas or No-		e - Amarican Inc	dian,
020	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hyglene. If Itam 27 Is marked other than "natural", or Itama 23a or 28a-f show or other traumatic event, the Medical Examines must be notified at	by		2 No ive	1 ☐ Yes 2		to Rican, a(c.)	Specify	ck, White, etc. White	2
5-0	72 ho	Completed	15. Decedent's Education (Specify only highest grade completed	16a.	Decedent's Usual	Occupation done during most of wo	delna	16b. Kind of Bu	usiness/industry	,
121	within ene. than	mple	Elementary/Secondary (0-12) College	(1-4or 5+)	III. SCHOOL	"Teacher/		.		
75	filed within Hygiene. Ither then ent, tre Me	S	11+ 17. Fathar's Nama (First, Middla, Last)		Dental	Hygenist			on/Medi	.cal
Maryland 21215-0020	2 should be filed and Mental Hygi Is marked other aurmatic event, I	To Be	William Eley III			Hanna Ra	ma <i>(First, Middle, N</i> wley	wardan Surnam	a)	
lan	and harmana		19a. Informant's Name/Relationship (Typa, Print)	19b.	Malling Address	Street and Number or R	ural Route Number	, City or Town,	Stata, Zip Code)
2, 6	and and in 27 In 27 In er tr		Catherine Gsell/Friend	100	Cedar S	treet, Ches	tertown.	Maryla	nd 2162	:0
ore	of Har		20a. Method of Disposition 1 ☑ Burial 2 ☑ Cremation 3 ☑ Removal from	20b. Place of	Disposition (Name, crematory or off	e of	Date S1	20c. Location -	City or Town, S	laryland
E	Pag ment ant: l		4 Donation 5 Othar (Specify)	Sudlers	ville Ce	metery/Dece	mber 14.	1996	1110, 11	aryrana
Baltimore,	permit. Pages 1 and 2: Department of Health at Important: if Itam 27 Is any Injury or other trausons.		21. Signature of Funaral Sarvice Licensae		22 Name and	Address of Facility Helfenbein			al Hama	D. A
-	707 9 9		Saw & Jell	1215	130 Spee	r Road, Che	stertown	Marvl	and 216	, P.A.
	Physician Physician		23a. Part 1. Enter the seese, or complications that shock, or hear milure. List only one cause on	ceused the deeth. Do neach line.	ot enter the moda	of dylng, such as cerdia	or respiretory erre	est,	Appr	roximate val Between et and Death
1	/Medical		Immediate Ceuse (Finel disease or condition	Diratory &	71/1.00				40	2 hours
п	Examiner		disease or condition resulting in death) a.	piratory fe Due to (or as a c Luconary fi	onsequence of):					2
	p is	lnei	- Pul	MONOVY F	hrosi's					
	ntificate be executed ing physician and as the burlal-transit	Examiner	Sequentially list conditions,	Due to (or as a co	onsequence of):					
68760,	be ey ician buria		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that britished seates).							
387	phys the	edical	thet initiated events resulting in death) Last	Due to (or as a co	onsequance of):					
ox 6		Σ.	d							
CO.	es that the death cer igned by the attendin be detached for use	by Physician								
P. O.	the d	nysi	Part II. Other significant conditions contributing to d							cause of death?
	that ned b	y PI	Atrial tibrillation/Sc	icral Docu	witi/	IHF	1 L Y	2 □ No	3 Probably	4# Unknown
rds	law requires that the death or as been signed by the attend s 2 should be detached for us		Atrial fibrillation/So Exacerbation Cleron	DA	5		24a. Was ei		24b. Were au	topsy findings
00	aw requir is been si 2 should	Completed	exacendation Ulivous	C Pulmona,	14 Lisea	R	perforn	ned?	available completi of deeth	ion of cause
R	The la	mo					1□ Ye	8 2 No		2 No
a		Be C	25. Wes cese referred to medical			26. Place of De	ath (Check only one		12 100	
>		70 8	examiner? 1 Yes 2 No Hospitel:	Inpatient 2 ER/Out	patient 3□ DOA	Other	loma 5□ Reside		er (Specify) C	we Home
0	Attending Ph or death. ector: After th by the funeral		27. Manner of Death 1 DrNature 5 ☐ Pending (Mor.	of Injury oth, Day Year) 28b. Ti	me of 28	c. Injury at Work?	28d. Describe ho	w injury occurr		
Sio	ttendir death. stor: Al	catle	2 Accident Investigation		М	1 Yes 2 No				
Division of Vital Records,	or Attending after death. Director: After d in by the fune	Certification:	3 ☐ Sulcida 6 ☐ Could not be determined 28e. Place build	e of Injury - At home, fari ing, etc. <i>(Specify)</i>	m, streat, factory,	office	28f. Location (Str City or Town	reet and Number, State)	er or Rural Rout	ta Number,
	To the Hospital or A within 24 hours after To the Funeral Director Completely filled in b	edical C	29a. Certifier (Check only one) 1 Certifying Physician: To the 2 Medical Examiner: On the band man and man	e best of my knowledge, easis of examination and oner stated.	death occurred at /or investigation, i	tha time, date and place n my opinion, death occu	, and dua to the ca rred at the time, da	use(s) and ma ite and place, a	nner as steted. and due to the c	ause(s)
	o the	M	29b. Signature and title of cartifiar		29c.	License number	29	d. Data signed	d (Month, Day, Y	Year)
	- s - ö	7	De College Dus			050996		12/12/9		
		'	30. Nama and address of person who completed ceu. Neil Staddard UD 100	se of death (Item 23a) (7	Type, Print)	Olema lun >	11 > ^			
			CIT - ICAL GOLD IND	-1000000	0000		16 20			

32. Registrar's Signature

DHMH 16 Rev 6/95

State

Registrar

31. Data fliad (Month, Day, Year)

DEC 17 '96

State of Maryland / Department of Health and Mental Hygiene 40936 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Deeth 3. Tima of Death Month Day Year **Physician** SHIRLEY ANN DIEHL DECEMBER 26, 1996 1938 /Medical 4a. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SACRED HEART HOSPITAL CUMBERLAND ALLEGANY 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Data of Birth (Month, Day, Year) MARCH 18, 5. Social Security Number 9. Birthpiace (Stata or Foreign **Funeral** Days 1□M 200XF 1929 PENNSYLVANIA 215-74-9998 Yrs **Director** Usuai Rasidanca of Dacedant the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other treumstic event, the Modical Examiner must be notified at MOUNT SAVAGE ALLEGANY 1 XYas 2 No Director MD 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21545 15947 FOUNDRY STREET, NW. USA permit. Peges 1 and 2 should be filled within 72 hours effer death 1 Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23s any injury or other traumatin and Funeral 12. Wes Decedant Ever in U,S. Armed Forces? 14. Rece - Amarican Indian, Black, Whita, atc. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, apecify Cuban, Maxican, Puerto Rican, etc.) 11. Meritel Stetus 1 ☐ Yas 2/XNo If Yas, Give Year or Datas: 1 Navar Married 2 Werried Baltimore, Maryland 21215-0020 1 ☐ Yas XX No Specify: Specify: WHITE þ 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) Collega (1-4or 5+) HOMEMAKER HOME 8 17. Fathar'a Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be AUGUSTUS J. McKENZIE GLADYS C. CHISHOLM 2 19a. informent's Neme/Raiationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOSEPH O. DIEHL 15947 FOUNDRY ST, NW, MT. SAVAGE, MD 20a. Mathod of Disposition 20b. Place of Disposition (Name of cematary, crematory or other place) 20c. Location - City or Town, Steta 1 N Burial 2 □ Cramation 3 □ Ramovel from Stata 5, □Othar (Specify) 4 Donetion ROCKY GAP VET CEMETERY DEC 30, 1996 CUMBERLAND, MD 21. Signature of Fonarai Sarvice Light 22. Nama end Addresa of Facility
HARVEY H. ZEIGLER FUNERAL HOME HYNDMAN, PA 15545-0636 or complications that cased the death. Do not enter the mode of dying, such as cardiac or respiratory errest, List only one cause on such line. 23a. Part 1. Enter tha display shock, or heart failure Approximate intarval Betw Onset and Death **Physician** /Medical Immediata Causa (Final 2 Mon diseasa or condition rasulting in daeth) **Examiner** Examiner buriel-transit The lew requires that the death certificate be executed Sequentially ilst conditions, if any, leading to immadiate cause. Entar Underlying Cause (Disease or Injury that initiated events rasulting in death) Last end Dua to (of as a consequence of): Records, P.O. Box 68760, ettending physician for use as the burie Physician/Medicai Pert li. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. the 23b. Did tobacco use contribute to the cause of death? been signed by t should be detect 1 Yes 2 No 3 Probably 4 ☐ Unknown þ To insellectic (inderviced 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 2 No certificate 1 Tyes 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: "
within 24 hours siter death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p 25. Was casa refarred to medical Be 28. Place of Death (Check only ona) 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidence 8 Othar (Specify) Certification: To inpatient 2☐ ER/Outpatient 3☐ DOA 27. Manner of Death 28c, injury et Work? 28a. Data of injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 1 Naturai 5 Panding Investigation 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicide 8 Could not be 28a. Piece of injury - At home, farm, streat, factory, office building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, State) 4 | Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.
2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated. Medicai 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date aigned (Month, Day, Year)

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State Registrar agnil

30. Nama and address of person who complated cause of deam (kem 23a) (Type, Print) SPIGGLE, WAYNE, M.D. BMG 912 SETON DRIVE CUMBERLAND, MD 21502 31. Data filed (Month, Day, Year) 32/ Registrate Signature Randall DEC3 0

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12 pg 775

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended #s 19a, 19b; 12(30)96, State of Maryland / Department of Health and Mental Hygiene

Maryland / Department of Health and Mental Hygiene

Certificate of Death 40937 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Physician Month Vaar **EUGENE** DECEMBER 0844PM GARLAND 20,1996 /Medical 4e. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Memorial Hospital CUMBERLAND, MD If Under 1 Year If Under 24 Hrs. | Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** Months Days **№** M 2□ F Yrs Oct 28, **Director** 703-07-9678 MD Usual Residence of Decedent the Maryland 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Modical Examiner must be notified at Har Yas 2□No Director MD Cumberland Allegany 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Coda with 1030 Kent Avenue 21502 USA Funeral death 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. Pages 1 and 2 should be lited within 72 hours after tent of Heelth and Mental Hygiena. nt: if Nem 27 is marked other than "natural", or Ner 1 ☑ Yes 2 ☐ No If Yas, Giva Year or Dates: ₩₩II 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify. by 3√ Widowed 4 □ Divorced white Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast greda completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Retired CSX Transportation 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meldan Sumama) Abraham J. Deter Elizabeth M. (Goodyear) 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Patricia A. Burkholder-stepdaughter 1 Box 2675 Berryville, VA 22611 other t 20b. Place of Disposition (Nema of cemetery, cremetory or other pleca) 20a. Method of Disposition Data 20c. Location - City or Town, Stata Department of Important: If It any injury or conce. 1 Burial 2 □ Cremation 3 □ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Greenmount Cemetery Cumberland, MD 12/23 22. Name and Addrass of Facility Scarpelli Funeral Home Cumberland, MD 21502 23a. Part1. Entar the disease, or composhock, or heart failure. List only a cations that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, as cause on each line. Approximate Interval Betwe Onset and Death **Physician** /Medical Immediete Cause (Final diseasa or condition resulting In death) Examiner Obue to (or as a consequence of Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760 Physician/Medical Due to (or as a consequence of): attending p ate has been signed by the atte page 2 should be detached for Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, Completed by 24b. Were autopsy findings available prior to 24a. Wes an autopay performed? completion of cause of death? certificate has 2 1 No 1 Yes 1 Yes 2 No Division of Vitai Attending Physicien: 25. Was case referred to medical 26. Piace of Death (Check only one) examiner? Hospitel: 1 ☐ Inpatient 2 🗷 ER/Outpatient 3 🖸 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yas 2□ No P this funeral 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: After 5 Pending investigation 1 B Natural death. 1 ☐ Yes 2 ☐ No To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fu 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) Place of Injury - At homa, ferm, streaf, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end pleca, and due to the cause(a) and manner as atated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and plece, and due to the cause(a) and manner atated. 29e. Certifier Medical 29b. Signature and title of certifier 29c. Licansa number 29d. Date aigned (Month, Day, Year) 12532 15 M 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) GEORGE BREZA 912 SETON DRIVE CUMBERLAND MD. 21502 22. Registrar's Signature 31. Dete filed (Month, Dey, Year) State Registrar DEC30

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene 96

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			1. Decedant's Nama (First, Middle, La	st)				2. Date of De	eth	V	3. Tima of Deeth
	Physic		Anthony Peter I	rula				Month Dec.	Dey 28	Yaar 96	1705
6	/Medi Exami		4e. Facility Nama (If not Institution, giv	e street and number)			4b. City, Town, or t				1703
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	Director		228-18-4046	X)M 2□F 74	Yrs.	Months Day	rs Hours Min.	June 1	1922	PA	try)
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	# 15 M	Funeral Director	10e. Street end Number			10f. Zip Code 2074			10g. Citizen of		itry?
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ă		Certification:	4 Homicide	building, atc. (Special	(y)			City or To	wn, State)		
	To the Hospital or within 24 hours after To the Funeral Dir completaly filled in		29a. Cartifier 1 Certifying Phy	ysician: To the best of my kno	owiedge, deeth o	ccurred at tha	tima, data and plece	and due to the	cause(s) and me	annar as st	ated.
	n 24 n 24 ne Fu	edical	(Check only 2 Medical Examone)	iner: On the basis of axamine and manner steted.	ition and/or invas	stigation, in my	opinion, death occur	red at tha time,	data and place,	end dua to	the cause(s)
	vithin To the comple	Me	29b. Signatura end titla of certifier				nse number		29d. Dete signe	d (Month, I	Day, Year)
	-		1 ahm TS	Indly MD		-12-M (84 60 8688		12/28	1/96	
			30. Nama and addrass of person who		n 23a) (Type. Pri	Int) NIATE	TONAT MATT	AT MEDT			
			JOHN T. SCHINDL			MAL	'IONAL NAVA 'HESDA, M			LK	
	Sta	te	31. Date filed (Month, Day, Year)			1111		J	J-JUUU_		
	Registr		JAN 0 2 13	32. Ragistrer's Signi	whorhand	all					

The state of the s

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 996 2:40AM

Physician
/Medical
Examiner

40940

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

To the Hospital or Attending Physician: The law requires that the death certificate be assouted within 24 bours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the builst-transit completely filled in by the funeral director, page 2 should be deteched for use as the builst-transit Be Completed by Certification: To Medical

		1. Decedent's Nem	e (First, Middl	e, Last)									2. Dete of D					of Deeth
Physici /Medi		Henry E	Burton	DeGroo	t								Decen	ber	² 29	Year 9	96 2	2:40A
Exami		4e. Fecility Neme (If not Institutio	n, <i>giv</i> e s <i>treet</i> end no	ım <i>ber)</i>					4	b. City, T	own, or L	ocation of Dea		. County			
		Charles	s Cour	ty Nurs	ing	Ног	me			Ļ	aPla	ta		C	harl	Les		
Funeral		5. Sociel Security N	Number	8. Sex	7. Age	e (In yrs.	lest birth	ndey)	If Under Months	1 Year Days	If Under	24 Hrs.	8. Dete of B	irth		9. Birthp	lace (Stel	e or Foreign
Director		217-32-0		1□M 2□F	92		Υ	rs.	MOUTH	Days	riouis	wiii).	Oct.	16,	1904	Wash	Ingt	on DC
		Usuel Residence o	T															
EP		10e. Stete MD	10b. County	rles		10c. City	v, rown Janj									1		City Limits
ī	Director		Ona	1103		1,	vali	J Emi	Оу								1 🗆 Y	es 21 No
22 3	ire	10e. Street and Nu							10f. Zip	Code				10g. Citizen of What Country?			itry?	
23		10700 B	luff	Pt. Rd.					2	066	2	2						
Home Mary	Funeral	11. Maritel Stetus		Armed F	orces?						rigin? (Sp n, Puerto	ecify Yes or N Rican, etc.)	0-		- Americ k, White,		,	
Department of neutral and mental hygiene. Important: if item 27 is marked other then "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examinet must be neithed at once.	by	3 ☐ Wildowed 4 ② Divorced Yeer or Detes:													nite			
natu	letec	15. Decedent's Education 16e. Decedent's Usuel Occupation (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of life. DO NOT use retired)								st of work	16b. Kind of Business/Industry				dustry			
r then	Completed	Elementery/Seco	Patent Examiner							U	J.S.	Gov	ern	ment				
£ \$ \$	Be C	17. Fether's Neme	(First, Middle,	Last)							18. Moth	er's Nam	e (First, Middle	e, Meiden	Sumem	Θ)		
c e d	ToB	Henry B	. DeG:	root							Anna	abe1	le Li	mbri	ick	DeGr	oot	
N DE LE	-	19e. Informent's N	eme/Rejetions			19b.	Melling	Address									2305	
27 ls or trau		Ruby M. DeGroot 3110 Mt. Vernon Ave. Apt. 212 Ale										lexa	ndr	ia,VA				
of the		20a. Method of Disposition 20b. Place of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition Dete Dete Disposition (Name of Disposition Dete Dete Disposition Dete Dete Disposition (Name of Disposition Dete Dete Disposition Dete Dete Disposition Dete Dete Disposition Dete Dete Disposition Dete Dete Disposition (Name of Disposition Dete Dete Dete Dete Dete Dete Dete Det										City or To	r Town, State					
amt: H		4 Donation 5 Other (Specify) Congressional Cem. 1/2/97 Washingto											gtor	,DC				
import any in		21. Signeture of Funerel Service Licensee AREHART - ECHOLS FUNERAL HOME, INC. MO0945 P.O. Box 567 LaPlata, MD 20646																
ysician		23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, ahock, or heart feilure. List only one ceuse on each line.											Approxin Interval E Onset er	Between				
Medical aminer		Immediate Cause (Final disease or condition resulting in death) a. CAMER OF PROSTATE											TY					
	<u></u>					Due to (or		onsequ	ence of):							1		
in the second	틀			b	WF	TP	15	TA	17	C	4					-		
-tran	Examiner	Sequentially list co	Due to (or	resacc	onseque	ence of):							1					
clan		if any, leading to in cause. Enter Unde Ceuse (Diseese or	erlying								1							
the t	Ji Co	Ceuse (bisease of right) that initiated events resulting in death) Lest Due to (or es e consequ						nseque	ence of):									
ing p	Me	resulting in deeth) Lest							i									
attending physician end for use as the burial-transit	clan/Medical			0														
# ÷	0																	

Pert tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 TYBS 2 No

24e. Wes en eutopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

2 2 No 26. Place of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

 examiner?	6
Manner of Deeth	
Neturei	5 Pendin
2 Accident	Investig

3 Suicide

4 Homicide

5 Pending Investigetion

28e. Dete of Injury (Month, Day Year) 6 Could not be 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of

28c. Injury at Work? 1 🗌 Yes 2 No

Other: University Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

29a. Certifier

Certifying Physician: To the bast of my knowledge, deeth occurred et the time, date and piace, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner etated.

29b. Signeture end title of certifier

29c. License number

29d. Dete signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

2729 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture



State

Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

40941

									mimout	0 01	Doun	,		Reg. No.				
	Physic /Medi		1. Decedent's Ne	me (First, Mid Ann Dr									2. Dete of De Month	Dey	Yeer 96	3. Time of Deeth		
1	Exami		4e. Fecility Neme					h = 1			4b. City, T		ocation of Deat		nty of Deeth			
	unerai		5. Social Security	Number	6. Sex	leral 2 X F	7. Age (In yrs	. lest birthday	/) If Under Months	1 Year		r 24 Hrs.	8. Date of Bir (Month, De	th ey, Yeer)	1	Carroll place (State or Fore		
U	irector		218-64 Usuel Residence		1			40					Feb. 1	7, 195	6	Maryland		
and	2		10e. Stete	10b. Count	ty		10c. C	ity, Town or I	ocation	-	•					10d. Inside City Limi		
e Mary	Sa-f sh	Director	MD	Carr	oll		Wes	stmins	ter							1□Yes 2∭N		
with th	3a or 2	al Dire	10e. Street and N 2225 C	umber arroll	ton Ro	oad			10f. Zip		1157			10g. Citizen o				
.0020 hours efter deeth with the Maryland	al', or items 23a or 28a-f show Examiner must be notified at	by Funeral	- 1	rried 2 Ma	rrled	Wes Dec Armed Fo 1 Yes If Yes, Gi Yeer or D	2 ⊠ No ive	J,S. 13	. Was Decedif Yes, special				pecify Yes or No Rican, etc.)	Spec	ace - Ameri leck, White, cify:			
5 2	"natural", edical Ex	Completed	(Sp	15. Decede ecify only high	est grade co	ion o <i>mpleted)</i>		(Giv	edent's Usua e kind of wo	rk done	during mo	st of work	king	16b. Kind of	Business/Ir			
within and		d L	Elementery/Se	condary (0-12)		College (1-4or 5+)		DO NOT us	se retire	90)							
	-		12	· (Fire Add d)	10			worker 18. Mother's Neme								terprises		
D ed it let	0 5	Be	17. Fether's Nem	e (FIRST, MIDDIE	s, Last/						18. Motr	ners Nem	e (First, Middle	, Maiden Sumi	eme)			
Maryland d 2 should be file	EE	5		John Edward Conrad Drewanz 9a. Informent's Neme/Reletionship (Type, Print) Rodger William Bundy, Brot					Z 19b. Meiling Address (Street and Number or Rurel F						Ruby Jane Boggs el Route Number, City or Town, State, Zip Code)			
6.7			Rodger	Willia	Brother		2225	Ca	rroll	ton	Road, Westminster, MD 2115							
0 00	= 2			isposition 2 Cremetion 5 Other (ovei from	20b. Pleca of Disposition (Neme of						Date 4/97	20c. Location		own, Stete		
Baltim permit. Peg	Important any Injury once.		21. Signeture of I	Funerel Service	Purto	- Ne	with		22. Name.en	d Addr	ess of Feci Funer	ат н	ome & C	hapel				
Phy	sician		23e. Pert1. Enter shock, or he	the disease, o art failure. Lis	or complicati st only one c	ions thet describes	caused the dee sech line.	th. Do not e	nter the mod	le of dy	ing, such e	s cardiec	or respiretory a	rrest,	1	Approximate intervel Between Onset end Deeth		
/M	edical iminer		Immediete Cause diseese or condit resulting in deeth	ion	Θ	CE	REB			D	EM	A				2 7 400		
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ox 68760, certificate be executed	physician end s the bunal-trensit		Sequentially list of eny, leeding to cause. Enter Und Ceuse (Disease of	immediete derlying or injury	C	SI	186	m C	lee.	pi	S.	en	wer	uato	hes !			
SOX 68/60, ath certificate be ex	ng physics and second	an/Medical	thet initieted ever resulting in deeth	IIS			Due to (d	or es e conse	quence of):	4			0					
₩ €	tending ph or use es ti	any			d													
P.O.	ed by the et deteched fo	y Physici	Pert II. Other sign	ificant condit	lona contrib	uting to d	eath but not res	sulting in the	underlying c	ause g	iven in Pert	I.		/		o the cause of deat		
ecords law requires	s been sig 2 should b	Completed by							performed? eveilable pri						ere eutopsy findings reilable prior to empletion of cause death?			
		50											10	Yes 20 No	11	☐ Yes 2☐ No		
11a		Be (25. Wes case refe	erred to medica	ai						26. Plac	e of Deet	h (Check only o	one)				
of Vital	9 0	10	exeminer?	THO	Hosp	oitel: 1 🖫	Inpatient 2	ER/Outpetle	ent 3 DC	Ot Ot	her: 4 N	ursing Ho	me 5 Resi	dence 6 □0	ther (Specia	fy)		
nding Ph	: After the funeral	ation:	27. Menner of Dec 1 ☐ Naturel 2 ☐ Accident	5 Pendi	ing tigetion	28e. Dete (Mon	of Injury th, Day Year)	28b. Time Injury	of 2	8c. Inju Wo	ryet ork?]Yes 2□]No	28d. Describe	how injury occ	urred			

To the Hospital or Attendit within 24 hours efter deeth. To the Funeral Director: All completely filled in by the fu Medical Certifical

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and menner es stated.
2 Medical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, date and piece, end due to the cause(s) end menner stated. 29b. Signature and title of certifier 29c. License number D18200

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

29d. Date signed (Month, Dey, Year)

281. Location (Street and Number or Rurel Route Number, City or Town, State)

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

6 Could not be determined

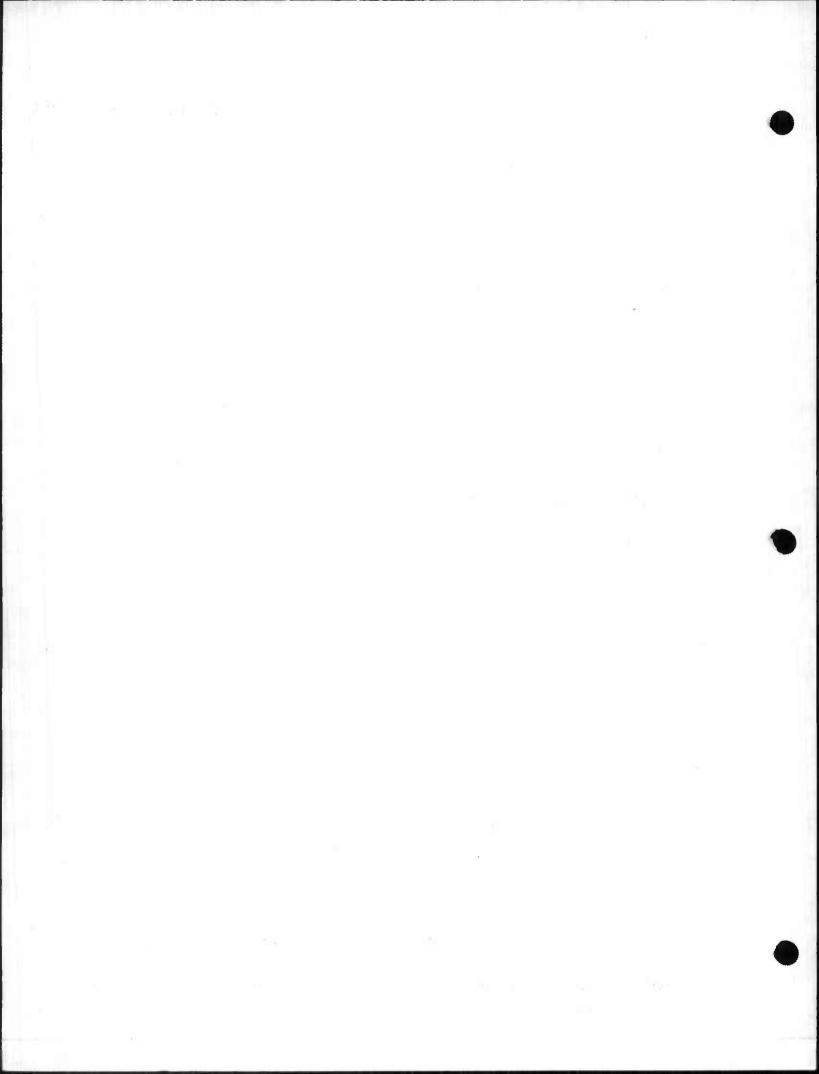
3 Suicide

29e. Certifier

4 Homlcide

WESTMINSTEL MD 21157 CHITRACHEDU NAGANNA ND 700 A POOLE RO

State Registrar 32. Registrer's Signature



State of Maryland / Department of Health and Mental Hygiene 9

Mental Hygiene	96	40	94	2
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						Cert	ificate of	Death		Reg. No.		
	W. C.		1. Decedent's Neme (First, Middle, L.	est)					2. Dete of D	eath		3. Time of Death
п	Physic	ian	Willi	am Thomas	Dods	on			Month	Dey	1 0 0	9:35PM
	/Medi					OII		4h City Town o	Decemb or Location of Dee		1993 6	9:3JPM
	Exami	ner	4a. Facility Neme (If not institution, gi	ye street and number)	'					-	ounty of Death	
_			Anne Arunde				W11-1		apolis		Anne Ar	
п	Funeral			Sex 7. Ag 1. M 2. F	ge (In yrs. last b		Months Deys			rth ay, Year)	9. Birthp	lece (State or Foreign try)
	Director		217-14-0002	X.W. Z.J.	88	Yrs.				4 1908		land
	pu »]	Usuel Residence of Decedent		40. Oh. Te	1	- 41					
	aho a		10a. Stete 10b. County		10c. City, Tov	WIT OF LOCA	BUON				1	Od. Inside City Limits
	M I	9	MD A-ne	Arundel		Annai	polis					Yas 2 No
	4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Director	10e. Street end Number				10f. Zlp Code			10g. Citizer	n of What Coun	ntry?
	Will Man	Je C	1147 Tyler Ave	enue				21403			United	Ctatas
	be filed within 72 hours after death with the Maryland net Hyglene. Id other than "natural", or flems 23s or 28s-f show event, the Medical Examiner must be motified at	Funeral	11. Meritel Stetus	12. Wes Decedent		13. W	es Decedent of		(Specify Yes or Nerto Rican, etc.)		Race - Americ	an Indian,
0	in the	E	1 ☐ Never Merried 2 ☐ Married	Armed Forces?					erto Rican, etc.)		Bleck, White,	atc.
21215-0020	13 S	by	3 ☑ Widowed 4 ☐ Divorced	If Yes, Give 11 Yeer or Detes:		10	☐ Yes 2 No	Specify:		Sp	pecify: Wh	nite
ŏ	trun it	8	15. Decedent's E	ducation	166	a. Decede	nt's Usuel Occu	ination		16b. Kind	of Business/Inc	dustry
15	n 72	Completed	(Specify only highest gr	ade completed)		(Give ki	ind of work done O NOT use retire	e during most of w	rorking	102.14.10	O' Doomoodim	2001.9
2	with the	Ĕ	Elementery/Secondary (0-12)	College (1-4or !	- /					Co		
7	P P P P		17. Fether's Name (First, Middle, Las	e)		Uniei	Engine		eme (First, Middle		vernmen	1.
Maryland	Star b	Be		·				TO. NOTION S TO	onio (i ii si, ivilogii	i, wolden ou	memey	
Ž	2 should be filled within and Mental Hygiena. Is marked other than aumatic event, the M	2	Archie Thomas I					1	Lavenia	Lloyd		
Ø	01 00 00 2		19e. Informent's Neme/Reletionship			b. Meiling	Address (Stree	et end Number or	Rural Route Numi	per, City or To	own, Stete, Zip	Code)
	f Health frem 27 i		Carole ## Willi	.ams-Daught		1008	Mounta	ain Top I	Drive Car	e St.	Claire	, MD 2140
Ze	of the		20a. Method of Disposition	-	20b. Plece o	of Disposi	ition (Neme of litory or other pl		Date	20c. Locat	tion - City or To	own, State
Ĕ	ent o nt: If		1 ☐ Buriei 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special Control of Cont						12/	0/06	A 1	is,Maryla
Baltimore,	permit. Pages Department of I Important: If the any injury or of		21. Signature of Funeral Service Lies		// I	22.	Neme end Add	ess of Facility	ery 12/	10/90	Annapol	is, Marylai
B	Depariment Important In		1	144		1,	7 - 1	Jo	hn M. Ta	ylor F	uneral	Home, Inc
		_	"wellated,	X. Uy /	~				ester St		polis,	MD 21401
			23a. Part1. Enter the disease, or con shock, or heart feliure. List only	nplications and caused one ceuse on eech li	d the deeth. Do ine.	not enter	the mode of dy	ring, such as card	ac or respiratory	arrest,		Approximate Intervel Between
	Physician			Ô							į	Onset and Death
	/Medical		Immediate Cause (Final disease or condition	Pros	Tale	(MUCE	~				20 Yrs
	Examiner		resulting in deeth)	0. 1103	Due to (or es a			Y				
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	danai	Examiner	Sequentially list conditions,	b	Due to (or es a	consequ	ence of):				-	
ń	axee in an	EX	if any, leeding to immediate		- 00 10 (01 00 0	oomooqu	000 0.7.					
68760,	entificate be assecuted ding physician and se es the burial-tranait	Cai	cause. Enter Underlying Ceuse (Diseese or Injury that initieted events	c	Due to for on a							
28	phy s the	Medical	resulting in death) Lest		Due to (or as a	conseque	enca or):				1	
×	n certifi anding use e			d								
o n	attend for us	Jar										
o.	requires that the death seen signed by the atter should be detached for u	Physician	Pert II. Other significant conditions	contributing to death b	ut not resulting	in the und	derlying cause g	iven in Pert I.	23b. Dio	tobacco us	s contribute to	the cause of death?
7.	d by etac	P	(e) P ()						1□	Yes 2 ₽1	No 3 Prof	bably 4 Unknow
Ś	v requires that the de been signed by the should be detached	by							_			
Hecord	en s ould	8	HyperTen	5100					24e. We	s an eutopsy formed?		ere autopsy findings ailable prior to
ပ္ထ		pie	1/ / (1/ - 1/ - 1/ - 1/ - 1/ - 1/ - 1/ -) (0)					-		CO	mpletion of cause deeth?
	0 - 0	Completed	V							Yes 22	15	Yes 2□ No
O	iclan: Th certificata rector, pa	Ü	Of Manager of and to another								40 11	Tes ZLINO
VITAI	Physician: this certific	0	25. Was case referred to medical examiner?	Hospitel:			0	28. Place of D	eeth (Check only	one)		
0	Phys this el dir	2	1 Yes 2 No	1) Impatie			3LI DOA	4 Nursing	Home 5□ Res			y)
<u>_</u>	Affer funen	ü	27. Menner of Deeth 1 ☑Netural 5 ☐ Pending	28a. Dete of Inju (Month, De		Time of Injury	28c. Inje	ury et ork?	28d. Describe	how Injury o	ccurred	
DIVISION	Attending or deeth.	ati	2 ☐ Accident Investigation				M 1[Yes 2□No				
ž	or Attendation after deet Director:	titi	3 ☐ Suicide 6 ☐ Could not be determined	28e. Pleca of Inj building, etc	ury - At home, f	erm, stree	et, fectory, office			(Street and Nown, Stete)	lumber or Rura	il Route Number,
5	s after a lor A lored by birth	Certification:		Donatti g, ott	o. (Opoony)				0.0, 0.	, , , , ,		
	To the Hospital or / within 24 hours after To the Funeral Dire completely filled in t		29e. Certifier 17 enrtifying Pl	hysician: To the best	of my knowledg	e, death o	occurred et the	time, dete and ple	ca, end due to the	cause(s) an	nd manner as s	tated.
	P Fu	edicai	(Check only 2 Medical Examone)	miner: On the basis of end menner ste	f examinetion a	nd/or Inve	stigetion, in my	opinion, deeth oc	curred at the tima	, dete and pla	aca, and due to	the cause(s)
	vithir onth	X	29b. Signature and title of certifier	1 0			29c. Licer	se number		29d. Dete s	signed (Month,	Dey, Year)
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Ĭ			A Y	, ,	/			17707		Decem	ber 24,	1 7 7 0
			30. Name and eddress of person who						1	1 014	01//10	0(0 0000)
				d, M.D. 20				inapols1	, maryla	na 214	01(410-	-268-3232)
	Sta		31. Date filed (Month, Dey, Year)	32. Regi	ar's Signature	10.	200					
	Regist	ar	DEC 2 7 1	של סבנו	warming as	The state of the s						

State of Maryland / Department of Health and Mental Hygiene

			Certificate of De			g. No.	6 40943
г	Discolate		Decedent's Neme (First, Middle, Last)	2.	Dete of Death Month		3. Time of Death
	Physici /Medic		Hazel E Dawson	D	ecember		
	Examir		4a. Fecility Name (If not institution, give street end number) 4b. C	City, Town, or Locat	tion of Deeth	4c. County of	Death
			Annapolis Nursing & Rehab Center A	Annapolis		Anne A	Arundel
	Funeral		5. Social Security Number 8. Sex 7. Age (In yrs, last birthday) If Under 1 Year If Months Days H	f Under 24 Hrs. 8. Hours Min.	Date of Birth (Month, Dey,		Birthpiece (Stete or Foreign Country)
	Director		215-16-0544 88 Yrs.		Oct 1 1	.908 1	Maryland
	pud .		Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location				10d. Inside City Limits
	aryle sho	>					1 Yas 2 No
	death with the Maryland ms 23s or 28s-f show f must be notified at	Director	MD Anne Arundel Mayo 10e. Street and Number 10f. Zip Code		40	- ON	
	£ 8 g		The second model of the second			g. Citizen of Wha	
	e 23	erai	P.O. Box 63 11. Mar/tel Siaius 12. Was Decedent Ever in U.S. 13. Wes Decedent of Hispe			United S	tates American Indian,
_	ter d	Funeral	11. Maritel Siaius 12. Was Decedent Ever in U,S. Armed Forces? 1 □ Never Married 2 □ Merried 1 □ Yes 2 □ XNo	Mexican, Puerto Ric	an, etc.)		White, etc.
Maryland 21215-0020	De filed within 72 hours after death with the Marylan nai Hygiene. Id other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at	by f	If Yes, Give 1 ☐ Yes 2 ② No Si	Specify:		Specify:	White
ŏ	72 hou natura		15. Decedent's Education 16e. Decedent's Usuei Occupation	on	1	6b. Kind of Busin	
215	within 7 ene. than "n	Completed	15. Decedent's Education (Specify only highest grade completed) Elamentary/Secondary (0-12) Coilege (1-4or 5+)	ing most of working			
21	d wit	NO.	10 Homemaker			Home	
P	al Hygid other	Be (17. Faiher's Name (First, Middle, Last) 18.	3. Mother's Neme (F	irst, Middle, M	leiden Surneme)	
Va a	should be and Mentai merked of umatic eve	To	Samuel O. Stallings	Maggie To	ucker		
an	S D E E		19a. Informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end	d Number or Rural R	loute Number,	City or Town, Sta	ite, Zip Code)
	s 1 and 2 should f Health and Mer item 27 is merks other trsumstic		Edith L. Whetzel- Daughter 1218 Daves Road	d Mayo, M	aryland	21406	
ore	of Ho f item r oth		Edith L. Whetzel- Daughter 1218 Daves Road 20a. Method of Disposition 1 Buriai 2 Cremation 3 Removal from State 1218 Daves Road 120 Time of Disposition (Neme of omfelery, cremetory or other place)	12/23/9	Bete 2	Oc. Location - Cit	y or Town, Stale
Ē	Pag ment ant: I		A Donation 5 □Other (Specify) / Mayo United Methodi				
Baltimore,	permit. Pages 1 and 2 Department of Health is important: If item 27 is any injury or other tre		21. Signature of Funeral Service Ligensee 22. Name and Address of	of Facility John	M. Tay	lor Fune	eral Home, Inc
01	20 = 9 9		thald I In 147 Duke of	Gloucest	er St.	Annapol:	is, MD 21401
	6		23a, Part1. Enter the disease, or complications the caused tha deeth. Do not enter the mode of dying, su shock, or heart feitura. List only one cause on each line.	such as cardlec or re	espiratory arre	st,	Approximata Interval Between
Ŷ.	Physician						Onset and Death
	/Medical Examiner		immediate Ceuse (Finei disease or condition resulting in death) a. Acutt Remoil (arline			1 mull.
L		-	Due to (or as a consequence of):				
	ted nsit	Examiner	b. Hypunstima				1 mel/
	tificate be executed g physician and as the burlal-transit	xai	Sequentially list conditions, if en, leeding to immediate cause. Enter Underlying				
68760,	siciar buri	edical	Cause (Diseese or injury	•			1 made
68	fication phy as the	P	resulting in death) Last				21,444
Box	ndin	2	La Devention				syeers.
	v requires that the death cert been signed by the attendin should be detached for use	Physician/M	Pert ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in	In Part i	23b. Did tot	pacco use contri	bute to the cause of death?
P. 0.	t the by th	hys			1 □ Ye		□ Probably 4 □ Unknown
S,	requires that the seen signed by the should be detache	by F					1
of Vital Records,	en si ould	P	Riligiana Strictural		24e. Wes an		4b. Were autopsy findings svallable prior to
ecc	aw ra as be 2 sh	Completed	Congestive herri Poulene	·			completion of cause of death?
<u> </u>	ysician: The law is certificate has t director, page 2 s	TO.	Consessine herry Pouleure		1 🗆 Yes	s 2DNo	1 Yes 2 No
ita	ian: ortifica ctor,	Be (6. Place of Death (C	Check only one)	
<u>></u>	Physician: r this certific and director,	2	Hospitel:	4 Nursing Home	5 🗆 Resider	nce 6 Other	(Specify)
2	ng PI		27. Mennar of Deeth 28a. Date of injury 28b. Time of 28c. injury at 1 Neturei 5 Pending (Month, Day Year) injury Work?	280	d. Describe how	w injury occurred	
Sio	Attending r death. ector: After by the fune	cati	2 Accident investigation M 1 Yes	s 2 No			
Division	f or Attending I after death. Director: After I in by the fune	ertification:	3 Suicide 6 Could not be determined 28e. Piece of injury - At home, farm, sireei, fectory, office building, etc. (Specify)	281	. Location (Str. City or Town,		or Rural Route Number,
	urs a rei D	O					
	To the Mospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, described in the control of the basis of exeminetion end/or investigation, in my opinion and menoner stated. 20 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion and menoner stated.				
	ithin of the or the or the	Me	and menner steted. 29b. Signature and title of certifier 29c. License nu	umber	29	d. Date signed (A	Month, Qay, Year)
	F≯F8		N 00.	1000	14	121	11/9/
7		1	30. Name and appropriate of person who completed cause of deeth (itam 23a) (Type, Prini)	וכםטנו		10010	11114
			GEORGE C. Som Anne MAD 205 Dide	all M	re t	mount	New AMINO DIVER
	Sta	te	31. Date filed (Mortin, Dey, Year) DEC 2 7 1996 32. Registrar's Signeture	()		, - po	00,000
	Registr		DEC 2 7 1996 Julia Tevidor Mandall	7			

DHMH 16 Rev 6/95

Nulley and a

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medical Examiner 1. Decedent's Name (First, Middle, Last) CLEON NMN

2. Data of Death

3. Tima of Death

4a. Facility Name (If not institution, give straet and number)

4b. City. Town, or Location of Death

02:18

Funeral

KENT AND OUEEN ANNE'S HOSPITAL 5. Social Security Number 7. Age (In yrs. last birthday) CHESTERTOWN, MD

4c. County of Death KENT

Director

28a-f show

Items 23a

6

natural',

pemit. Pagas 1 and 2 should be filed within Department of Health and Mental Hygiena. Important: If Item 27 Is marked other than any injury or other traumatic event. The many injury or other traumatic event.

Physiclan /Medical

Examiner

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physician a

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After this the funaral

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98

Physician/Medical Examiner

by

Completed

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Certification: To

Medical completely

8

Director

Funeral

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Completed

traumatic event, the Medical Examiner must be notified at

the Meryland

Baltimore, Maryland 21215-0020

Usual Residence of Decedent 10a State 10b. County

10c. City, Town or Location

1**X** M 2□ F

If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) March 20, 1920 Georgia

Birthplaca (Stata or Foreign Country)

456-24-5963

Maryland

Millington

76

Yrs

10d. Inside City Limits

10e. Street and Number

Queen Annes

10f. Zip Code

1 ☐ Yes 2 DiNo

1219 Dudley Corner Road

21651

Deys

10g. Citizen of What Country? U.S.A.

1 Never Married 200 Married 3 ☐ Widowed: 4 ☐ Divorced

12. Was Decedent Evar in U,S Armad Forces? 1 ☐ Yes XX No If Yas, Give Year or Dates:

13. Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ Yes 2X No Specify:

14. Race - Amarican Indian, Black, White, etc. White

15. Decedent's Education (Specify only highest grade completed)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementery/Secondery (0-12)

College (1-4or 5+)

Heavy Equipment Operator

Construction

17. Fathar's Nama (First, Middle, Last)

Unknown

Unknown

18. Mother's Name (First, Middle, Maiden Surname)

19e. fnforment's Name/Relationship (Type, Print) Isabelle Y. Davis/Wife

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1219 Dudley Corner Road, Millington, Maryland 21651

Crumpton Cemetery/December 11, 1996 Crumpton, Maryland

20a. Method of Disposition

Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. Placa of Disposition (Name of cematary, crematory or other place)

20c. Location - City or Town, State

21. Signature of Puneral Service Licensee

22. Name and Address of Eachily Fellows, Helfenbein & Newnam Funeral Home, P.A. 130 Speer Road, Chestertown, Maryland 21620

lar ellows 23a. Part1. Enter Incidisease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line.

Immediate Causa (Final

Ruptured Aottic Anewoysun

disease or condition resulting in death)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest

Due to (or as a consequence of)

Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part f.

Due to (or as a consequenca of):

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Onknown

24a. Was an eutopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

1 2 Yes 2 No

1 Pres 2 No

25. Was case referred to medical 1 Yes 2 No

Hospital: 1 Inpatient

28a. Dete of Injury (Month, Day Year) 28b. Time of

28e. Placa of fnjury - At home, farm, straet, factory, offica building, etc. (Specify)

2.DER/Outpatient 3□ DOA

28c. Injury at Work?

Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Dascribe how injury occurred

1 Yes 2 No

26. Piace of Death (Check only one)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

27. Manner of Death

1 Neture

2 Accident

3 Sulcide

4 Homicide

Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signature and title of certifier

DEC 1 U 'Yo

29c. Licansa number

29d. Data signed (Month, Day, Year)

aun Beur 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

5 Pending Investigation

6 Could not be determined

31. Date filed (Month, Day, Year)

M.D. 100 32. Registrar's Signature Julia Davidson-Randalle

The law requires that the death certificate be executed Records, P.O. Box 68760. Division of Vital or Attending Physician: To the Hospital or Attend within 24 hours after death To the Funeral Director:

> State Registrar

State of Maryland / Department of Health and Mental Hygiene

						tificate		Death		Reg. No.	96	40945					
Physici /Medic			Decedant's Nama (First, Middla, Last) DOROTHY MARCELLE ELLIOTT						2. Data of De Month DECEMB	Day	Year 1996	3. Tima of Death					
1	Exami		4a. Facility Nama (# not institution, giva SACRED HEART HO	Control of the Control			4	b. City, Town, or Lo	ocation of Deat	h 4c. Count	4c. County of Death ALLEGANY						
	Funeral Director	209-20-4817 1UM 2LXF 75 Yr				If Under 1 Months	Yaar Days	If Undar 24 Hrs. Hours Min.	8. Data of Bir (Month, Da FEB 6,	th ay, Year) 1921	9. Birthpi Coun PENN	niaca (State or Foreign htry) NSYLVANIA					
21215-0020	Maryland a-f show	tor	Usual Rasidence of Decedant 10a. Stata 10b. County PA BEDFOR		c. City, Town or Lo HYNDMAN	cation					16	0d. Inside City Limits 1 ☐ Yes 2 No					
	h with the 23a or 28	Funeral Director	10e. Street and Number R. D. 1, BOX 454			10f. Zip C	ode 545			10g. Citizen of USA	What Coun	itry?					
	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "natural", or forms 23s or 28s-f show aurnatic event, the Medical Expolinational to notified at	by	3 ☐ Widowed 4 ☐ Divorced If Yas, Giva	12. Was Decedant Evar Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas:		U.S. 13. Was Decedant of Hispanic Origin? (Specify Yas or No- If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 □ Yas 2 ☒ No Specify: 16a. Decedent's Usual Occupation (Give kind of work dona during most of working Iffa. DO NOT use retired) HOMEMAKER HOME			ecify Yas or No Rican, atc.)		ack, Whita,						
	i within 72 hours liene. r than "natural", m Maxical Ext	Completed	15. Decedent's Edu (Specify only highest gradi Elementery/Secondary (0-12)	cation a complated) Collega (1-4or 5+)	1					fustry							
Maryland 2	s 1 and 2 should be filed within f Health and Mental Hygiene. 1em 27 is marked other than other traumatic event, the M	To Be C	17. Fathar's Nama (First, Middle, Last) EDWARD H. SMITH	ł				18. Mother's Name		, Maidan Suma							
2		1	19a. Informant's Name/Ralationship (Ty CHESTER F. ELL]					and Number or Run				Code)					
Baltimore,	permit. Pages 1 and Department of Health Important: If tiem 27 any injury or other tr once.		20a. Mathod of Disposition 1)	lamoval from Stata	Ob. Place of Dispo cematary, cren LYBARGER	natory or oth	a <i>r pl</i> ac		Data	20c. Location		15534					
Balti	permit. Pages 'Department of Finportant: If the any Injury or of once.		4 Donation 5 Othar (Specify) LYBARGER CEMETERY JAN 3, 1997 RD, BUFFALO MILLS, F 21. Signature of Funeral Service Means 22. Name and Address of Facility HARVEY H. ZEIGLER FUNERAL HOME HYNDMAN, PA 15545-0636														
Physician /Medical Examiner Physician /Medical Examiner 23a. Part1. Enter the dimage, or complications thet causad tha death. Do not anter shock, or haar talking. List only one duise on each line. Immediata Cause (Finel disease or condition resulting in death) Dua to (or as a consequence)							e			lure		Approximata Interval Batween Onset and Death					
× 68760,	leath certificate be assected attending physician and for use as the bunal-transit	by Physician/Medical	by Physician/Medical	by Physician/M	by Physician/Medical	by Physician/Medical	Sequentially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Diseasa or injury that initiated evants resulting in death) Last	Dua	to (or as a consequence to (or as a consequence)								
P.O. Box	t tha d by the tached							Part II. Other significant conditions con	tributing to death but no	t rasulting In tha ur	ndarlying cau	isa giva	an In Part I.		tobacco use co		the cause of death?
Records,	2 s								1					24a. Was	an autopsy omed?	ava	ere autopsy findings allable prior to mpletion of cause death?
	는 휴 8		25. Was case rafarred to made at						10		10	Yas 2 No					
ion of Vital	this aldi	2	-	2	2	axaminar?	28a. Data of Injury (Month, Day Yea	2 ER/Outpatien 28b. Tima of Injury		Other	4 LI Nursing no	ma 5□ Rasi			0		
Division	E City	Certification:	3 Suicida 6 Could not be detarmined	28a. Place of Injury - building, atc. (S)	At homa, farm, stre	eet, factory, o	office		28f. Location (City or To	Street and Num wn, Stata)	ber or Rura	l Routa Number,					
	Hospital 24 hours Funeral Idetely filled	edical	29e. Certifiar (Check only one)	cician: To the best of my per: On the basis of axa and manner stated.	knowledge, daath minetion and/or inv	occurred at astigation, in	tha tim my op	e, date and place, a pinion, deeth occurr	and dua to tha ed at tha time,	causa(s) and m data and place	enner as st	ated. the cause(s)					
	To the within 2 comple	Me	29b. Signatura and titla of certifle	1		29c. L	icansa	number	,	29d. Data sign	ed (Month, I	Day, Year)					
	6	}	30/Nama and addrass of person who co	mpleted cause of death	(Itam 23a) Type	Print)	2	2218	/	JANUAR		1997					
	The		Gary Wagoner) 31. Data filed (Month, Day, Year)	10.425 R	Shop We	alsh t	oac	1 Cumk	perlan	1 MD	215	02					
	Sta Registr		JAN 0 2 199	7 Juna dan	Signatura Wash-Randa	Ц											

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene

40946 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Tima of Death Day **Physician** Aleda Mae ECKER December 27, 1996 6:00 PM /Medical 4a. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Ravenwood Retirement Center Hagerstown Washington If Undar 24 Hrs. 8. Data of Birth (Month, Day, YALIGUST 22, if Under 1 Yaar Months Deys 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) Funeral Months 1 ☐ M 2 🛛 F Director 220 30 9782 1932 Maryland Usual Rasidance of Dacedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits Examiner must be notified at Director Maryland Washington Hagerstown 1 Yas 2000 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? ò 238 21742 11901 Sun Valley Drive USA Pages 1 and 2 should be filed within 72 hours efter death nearl of Health and Mentel Hygiene.
Int: If item 27 is marked orther than "natural", or Items 23 ury or other traumatic event, the Medical Experient mail. Funeral Was Decedent Ever In U,S. Armed Forcas? 11. Meritel Status Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian. 1 ☐ Yes 2 🔯 No If Yas, Giva Yaar or Dates: 1 ☐ Navar Married 2X Married Baltimore, Maryland 21215-0020 White 1 ☐ Yas 2 X No Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced 15. Decedant's Education (Specify only highast grade complated) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) Homemaker Home 17. Fether's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumeme) Elmer F. Shepley Marian P. Lizer 19a. Informent's Name/Ralationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Joseph J. Ecker, Jr. 11901 Sun Valley Dr. Hagerstown, Md. 21742 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata permit. Pages Department of important: if its any injury or o 1 N Burial 2 □ Crametion 3 □ Ramoval from State 4 □ Donation 5 □ Othar (Specify) Paul's Cemetery 12/30/96 Myersville, Maryland 22. Name end Addrass of Facility
Gerald N. Minnich 21. Signature of Funaral Sarvice Licenses 305 N. Potomac St. Funeral Home Hagerstown, 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or haert failure. List only one cause on each line. **Physician** Immadiata Ceusa (Final disaasa or condition resulting in daath) /Medical **Examiner** Examiner **buriel-transit** The law requires that the death certificate be executed Sequantially list conditions, if any, laading to Immadieta causa. Entar Underlying Causa (Disease or Injury that Initiated avants resulting In death) Last mary P.O. Box 68760, Physician/Medicai the for use as Part ii. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? be detached 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Wara autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? this certificate has 1 Yas 2 PLM 1 Yas 2 LNO or Attending Physician: funeral director. 25. Was case rafarred to medical axaminer? Be 26. Placa of Death (Check only one) 1 Yes 2€ No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menne of Death 28b. Time of 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how Injury occurred After 5 Panding Invastigation 1 Natural To the Hospital or Attendin within 24 hours after deeth.
To the Funeral Director: Aft completely filled in by the fu 1 Tas 2 No 2 Accidant 6 Could not be datarmined 3 Suicida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida 29a. Certifian 1 Certifying Physician: To tha best of my knowledge, daath occurred at the time, data and place, and dua to tha causa(s) and mannar as stated. Medical 2 Medical Examiner: On the bests of axamination end/or invastigation, in my opinion, death occurred at tha time, data and pleca, and dua to the cause(s) and manner steted. 29b. Signature and title of 29c. Licansa number 29d. Data signed (Month, Day, Year) 1040. ロチリろ 30. Nema and address of person who completed pausa of daath (Itam 23a) (Type, Print) 31. Data filed (Month, Day, Year) 32 Registrar's Signature State DEC 3 0 1996 Registrar

Window For

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** EICHEL BERGER ARL EUGENE Dec /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Washington County Hospital Hagerstown Washington 8. Dete of Birth Nov. 30, 1956 Maryland If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign **Funeral** Months Deys Min NOW 2 F Hours Yrs 220-58-4608 40 Director Usuel Residence of Decedant with the Maryland 10a Stete 10c. City, Town or Location 10d. Inside City Limits r 28a-f show notified at 1 X Yes 2 □ No Director Maryland Washington Hagerstown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? r than "natural", or items 23s or the Medical Examiner wast be r 19 Avalon Avenue 21740 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Menial Hygiene. Important: if item 27 is marked other than "natural", or Items 23a enter in the property of the property of the pages in the pages Funeral 12. Wes Dacedent Ever in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, 11. Meritel Stetus Bleck, White, etc. 1 Never Merried 2 Married 1 Yes 2 No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify. white Specify: þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) 0 - 10custom counter tops counter tops 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surneme) Raymond Pierre Eichelberger, Sr. Julia Viola Barnhart 19a. Informant's Neme/Ralationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Mr. Raymond P. Eichelberger, Jr 19 Avalon Avenue, Hagerstown, Maryland 21740 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stele 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Rest Haven Cemetery 12-30-96 Hagerstown, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Minnich Funeral Home 21. Signeture of Funerel Service Licenses 22. Neme end Address of Fecility 415 East Wilson Blvd., Hagerstown, Maryland 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. 21740 Approximate Interval Between Onset and Deeth hysician /Medical Immedieta Causa (Finel diseese or condition resulting in death) Examiner Due to Examiner physician and the burial-transit Sequentielly list conditions, if erry, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Records, P.O. Box 68760. Physician/Medical attending 950 ò per per Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably Unknown signed by 1 ☐ Yes 2 ☐ No À 90 Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? page 2 ž cartificate 1 Yes 2 No Division of Vital director 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner 1 Yes Other: 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 20 2 ER/Outpatient 3 DOA 着 27. Mannag of Deat 28b. Time of 28d. Describe how injury occurred Certification: Injury at Work? Affar Natural 5 Pending investigation 1 Yes 2 No 2 Accident or Attend after death Director: 3 Suicide 6 ☐ Could not be Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 D Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 29u. Certifier Certifying Physician: To the best of my kn

ner: On the basis of exam

wienge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29c. License number

stick and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)

MD 1110 MEDICAL CAMPUS

29d. Date signed (Month), Day, Year)

State Registrar

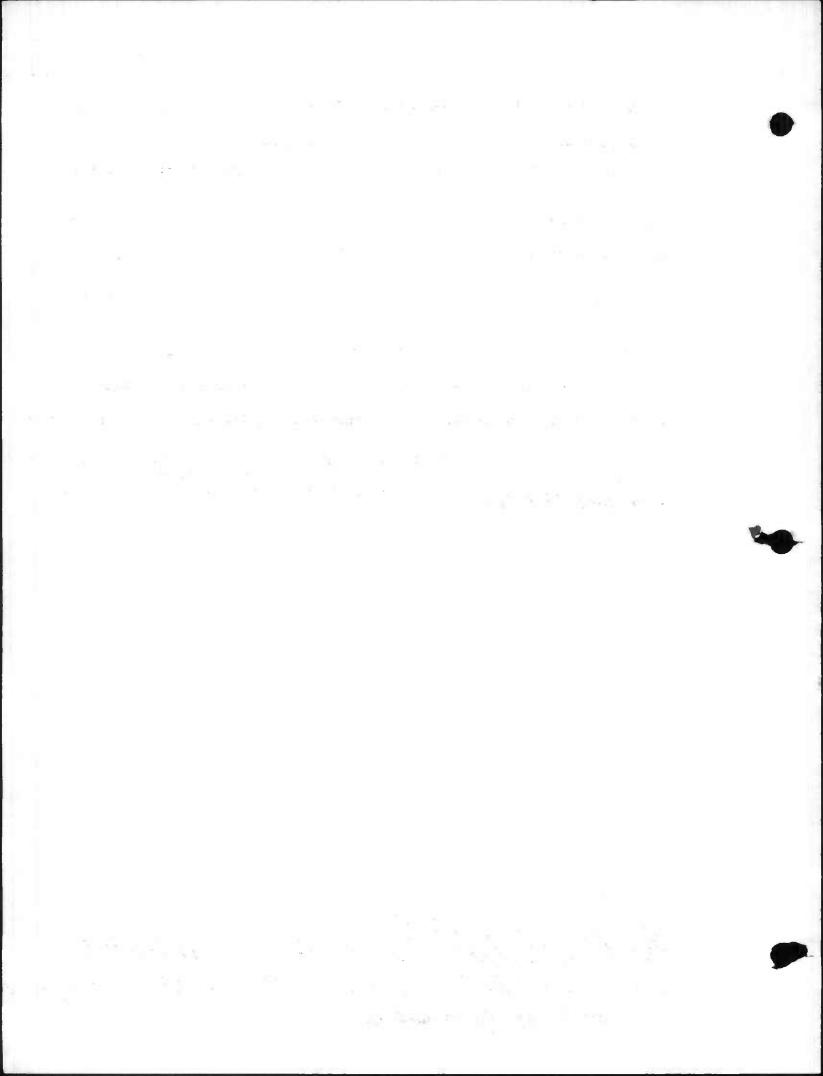
Medical

295. Signature and title of certifier

31. Dete filed (Month, Dey, Year)

DEC 3 0 1996

MAKETIN



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	4		0	-	-	0

1. Decedent's Name (First, Middle, Last)

2. Date of Death

3. Tima of Deeth

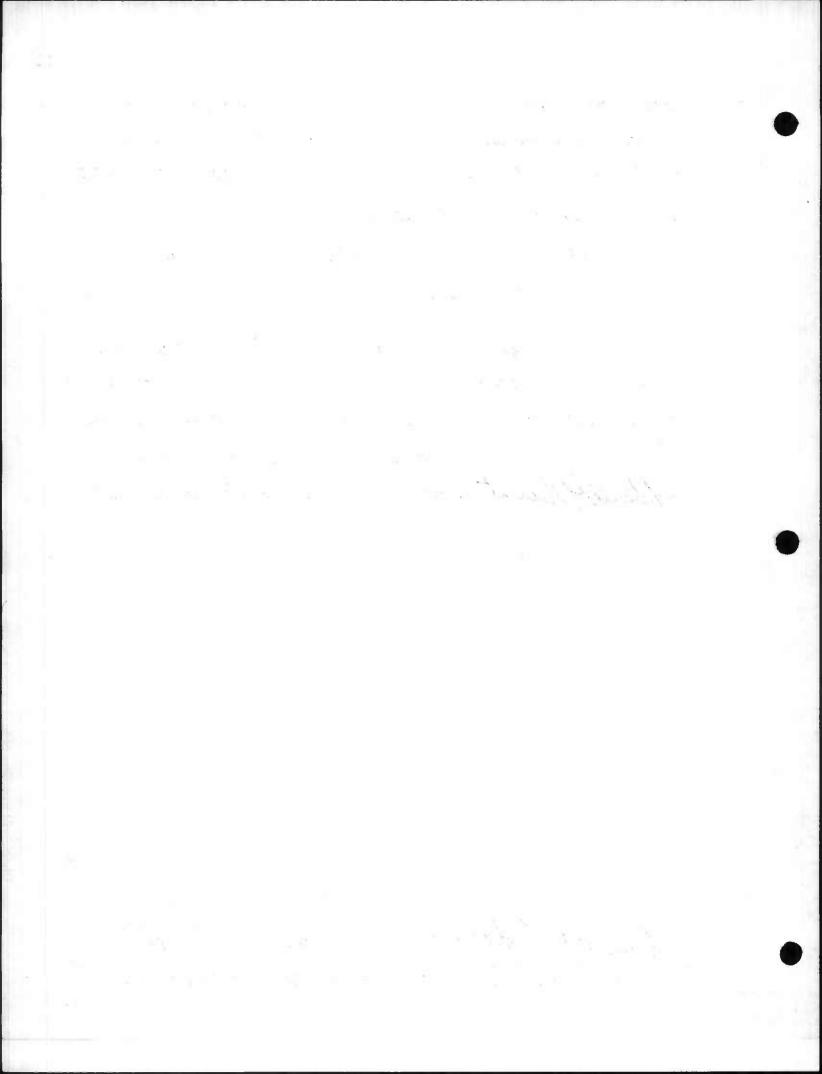
	/Medi	cal		FLZE	street and num	her)			4h City Town	DECEM or Location of De	BER 22,	1996		:32 P.	
	Exami	ner	THE JOHNS HOPKINS HOSPITAL							ORE CITY		Baltimore		0	
	uneral irector		5. Social Security 209–12–	Number 6. S		7. Age (In yrs. last		If Undar 1 Yaar Months Days	if Under 24 H	frs. 8. Date of I		9. Birt	thplace (Sountry)	State or Foreig	
P	,		Usual Residenca 10a. Stata	ot Decedent 10b. County		100 City T	own or Loca	tinn							
with the Maryland	28a-f ehow	ŏ												side City Limit Yas 2□ N	
the A	28a-1	Director	Marylan 10e. Street and N	d Wicomi	CO	Sal	lisbu	10f. Zip Code			10g. Citizen	of Miles Os		1.00 2.31	
With	0 4	0							11		U.S.		untry		
death	or its	Funeral	11. Marital Status	cond Str	12. Was Deced	lant Ever in U,S.	13. Wa	2180 as Decedent of H		(Specify Yas or		Race - Ama	rican Ind	lian.	
21215-0020 d within 72 hours after giene.		by		arried 2 Married	1 Yes 2 No			 13. Was Decedent of Hispanic Origin? (Specify If Yas, specify Cuban, Mexican, Puerto Rica 1 ☐ Yes 2 XNo Specify: 			Specify:		White, atc. Black		
5-0 72 h	"naturel".	Completed	(Sp	15. Decedent's Ed	ucation de completed)	1	8a. Daceder (Give kir	nt's Usual Occup	pation during most of	workina	16b. Kind of Business/ind				
vithin vithin ene.		Id I	Elementery/Se		College (1-4	for 5+)		nd of work done NOT use retire	d)						
		ပိ	12 17 Father's Nam	a (First, Middle, Last)			Dom	estic	10 Matheda I	lama /First Mida		one			
ylan ould be	0 5	Be c									(First, Middle, Maiden Surname)				
Maryland d 2 should be file th and Mentel Hy	marked matic e	2	John T	Name/Relationship (7	vne Print)	4	Ob Mailing	Address (Street		Dashie	Der, City or Town, State, Zip Code)				
Mag Sp	27 is r trau			McKenzi											
re, N 1 and Health	If item 2 or other		20a. Method of D		e (Dau	20b. Place	of Dispositi	ion (Name of		Date	20c. Location			tate	
Pag Pag	int: If		4 Donation	2 Cremation 3 D 1 5 Other (Spacify)					12/27	2/27			ury,Md.	
Balt permit.	important: eny injury once.		Hla	Funeral Service Licen:	Stewa	rt	Ste 821	wart F West	uneral Rd.Sal	lisbury	, Md . 21	801			
	o attending physician and harding physician		23a. Part1. Enter shock, or he	r the disease, or comp eart failure. List only o	llcations that cau	used the death. D	o not antar	the mode of dyir	ng, such as card	liac or respiratory	arrest,		Interv	oximate val Between	
		Ш	Immediate Co.	15:1									Onse	t and Death	
			Immediate Ceuse diseasa or condit resulting In deeth	ion	sepsis								10	HOURS	
		5		Due to (or es e consequence ot):											
pa		in in			b	HEMOR		1					4	DAYS	
O,		Examiner	Sequentially list of if any, leading to cause. Enter Unit	conditions, Immediate deriving	Due to (or as a consequenca ot):										
68760,		ysician/Medical	Cause. Enter Und Cause (Diseasa of the Initiated even	its	C Due to (or as a consequenca of):										
99 J	attending ph for use as ti	Wed	resulting in death) Last d												
Box	endii r use	ar2													
o se de a	the at hed fo	sici	Part II. Other sign	ificant conditions co	ntributing to deat	th but not resulting	g in the unde	erlying causa giv	en In Part I.	23b. DI	d tobacco use	contribute	to the c	ause of deat	
P. Pat the	5 8	Phy								10	Yes 2EN	0 3 PI	robably	4 Unkno	
es g	5.8	by							-	-					
I Records, P.O. The law requires that the	peen s										24a. Wa	as an autopsy formed?	8	avallable	opsy tindings prior to
a w	60 CA	nple										completion of death?	on ot causa		
H &		Completed								10	Yes 2 No	1	1 🗆 Yes	200 No	
of Vita Physician:		Be	25. Was case rete exeminer?						26. Place of D	eath (Check only	(one)				
hyai	80 D	2	1 Yes 2	KIAO	Hospital: 1 1 Inp	patient 2 ER/	Outpatient	3 DOA Oth	4 U Nursing	Home 5□Re	sidence 8 🗆	Other (Spec	cify)		
Dugar.	fer death. Irector: After n by the fune	Certification:	27. Manner of Dea 1 Matural 2 ☐ Accident	5 Pending Investigation	28a. Date of I (Month,	Injury 28b Day Year)	o. Time ot Injury	28c. Injur Wor M 1 🗆	yat k? Yes 2□No	28d. Describ	e how Injury oc	curred			
Divis		Sertific	3 ☐ Sulcide 4 ☐ Homicide	6 ☐ Could not be determined	28a. Place of building,	Injury - At homa, , etc. <i>(Specify)</i>	farm, straat	, factory, offica		28f. Location City or T	(Street and Nu own, Stata)	m <i>ber</i> o <i>r R</i> u	ral Route	∂ Num <i>ber</i> ,	
To the Hospital or within 24 hours e	e Funeral I	edical C	29a. Certifier (Check only one)	1 Certifying Phy 2 Medical Exami	sician: To the be ner: On the besi and manner	s of examination (ige, death oc and/or inves	curred at the tin tigation, in my o	ne, date and pla pinion, daath oo	ca, and due to th curred at the time	e cause(s) and e, date and plac	manner as e, and dua	stated. to the ca	iuse(s)	
of the	To th	Me	29b. Signatura an	d title of certifier				29c. Licans	a number		29d. Date sig	ned (Montt	, Day, Y	ear)	
- >	- 0		2/10	ndin Di	uyla	MO		RE	5-000			2/94			
,		-	30. Name and add	dress of person who co			A) (Tune Bit					- 14			
				JIDER PU	LYENAR	, 110 M	. TOLL	JER 1	INH. F	SALTIMO	RE r	10 2	DR	7	
	Sta	te	31. Date tiled (Mo	nth. Dey, Yeer)	32/ Bea) ~	,, (200(11.00	1				
F	Sta Reaistr	ar		DEC 26 199	6 34	Ister's Signature	dalle								

Registrar

State of Maryland / Department of Health and Mental Hygiene 96

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					Certificat	te of	Death		Reg. No.	20	40343	
Dhuais	iaa	1. Decedent's Name (First, Middla, La	ist)					2. Date of Month	Death	Voes	3. Time of Death	
Physic /Medi		CARL HENRY EV	ERLY					DECME	BER 24,	1996	3:40 AM	
Exami		4a. Facility Name (If not institution, given	va street and number)					, or Location of De		nty of Death	1	
		KEISER PERSONAL			- Recorded	110	OAKLA			RRETT		
Funeral Director			I N OVIE	ge (In yrs. last birti	frs. If Unde Months	Day		Min. (Month,	Birth Day, Year) 10 1913	9. Birth Cou MAR	nplaca (State or Foraign untry) YLAND	
/land		10a. State 10b. County		10c. City, Town	or Location						10d. Inside City Limits	
death with the Maryland rms 23a or 28a-f show	to	MD GARRE	TT	MT. LA	KE PARE						1Ã Yas 2 No	
or 28	Director	10e. Street and Number			10f. Zlp	Code			10g. Citizen	of What Cou	untry?	
238 238		219 "D" STREET			21	1550)		USA			
ir dea	Funeral	11. Marital Status	12. Was Decedent Amed Forces?	Ever in U,S.	13. Was Dece	dant of cify Cu	Hispanic Orlgin ban, Mexican, P	? (Specify Yes or uarto Rican, etc.)	No- 14. F	Race - Amar Black, White	Ican Indian,	
hours after death with the Marylar Lural', or frems 23a or 28a-f show the Eventher matter incrined	by	1 ☐ Never Married 2 ☐ Married 3 🖾 Widowad 4 ☐ Divorced	1 X Yes 2 ☐ If Yes, Giva Year or Dates:	No	1 ☐ Yes						ITE	
Ĕ <u>Ē</u> Ē	Completed	15. Decedent's E (Specify only highast gro		16a.	Decedent's Usu (Giva kind of wo	al Occu	ipation	wadina	16b. Kind o	Business/I	ndustry	
Man.	npie	Elemantary/Secondary (0-12) College (1-4or 5+)			lifa. DO NOT u	sa ratir	ed)	Working	DUDI	D. D. C. GOV. G.		
tal Hygiana. d other than "nat	ပိ	17 Fatharia Nama /First Middle Last	5+		EDUCATO	Κ.	40.16.0.1	A		IC SC	HOOL	
	To Be	17. Father's Name (First, Middle, Last JOSE	EVERLY					Name (First, Midd ZABETH			SSNAGLE	
9 8 8		19a. Informant's Name/Relationship (r Aural Routa Nur				
Health Pm 27 ther tr		PAUL B. EVERLY 20a. Method of Disposition	SON		514 "E" Disposition (Na		(EET	MT. LAKE	_			
Department of Health Important: if item 27 any injury or other ti once.		1 Burlal 2 □ Cremation 3 □		camatan	, cramatory or o	othar pl		Date	20c. Locatio			
rtant		4 Donation 5 Other (Special		GARRET	MEMOR:						D 21550	
Deper Impo		21. Signature of Funeral Sarvic Lounny MO0167 DURST FUNERAL HOM							P.O. BOX 243 E - OAKLAND, MD 21550			
70		23a. Part 1. Enter the disease, or com-	mu	A DOMESTICAL						m 213	30	
enincata be axecuted ling physician and se as the burial-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or Injury that initiated events resulting in death) Last Due to (or as a consequence of):										
_ <u>_</u>	₹	d										
he att	by Physician	Part II. Other significant conditions of	ontributing to death b	ut not resulting In	the underlying o	ause g	iven in Part I.		ld tobacco use	contribute	to the cause of death?	
atach	Phy	chrome obci	toutive	enlma	NAAH	1	110010	į)	Yes 2 No 3 Probabl			
een signed by th hould be datache		0007	,,,,,,,	101110	1.00(1)	S.	15 (4)6	-				
is been signed by the attendin 2 should be deteched for use	Completed	chronic obstructive pulmorrary disease						24a. W	performad? av		Vere autopsy findings vailable prior to ompletion of causa f death?	
ata has t paga 2 s	TO.							1[Yes 200	1	☐ Yes 2☐ No	
this cartificate has ral director, page 2.	Be (25. Was casa referred to medical examiner?					26. Place of	Death (Check onl	ly ona)			
his ca	2	1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ Inpatle			/^		g Home ABR	esidenca 6 🗆 (Other (Speci	ity)	
ath. r: Aftar ti na funara	Certification:	27. Manner of Death 17 Natural 2 Accident 5 Pending Investigation		28a. Date of Injury (Month, Day Year) 28b. Time of Injury M 28c. Injury at Work? 1 ☐ Yes 2 ☐ No						28d. Describe how injury occurred		
aftar death. Director: Aftar this cartific d in by tha funaral director,	ertific	3 ☐ Suicida 4 ☐ Homicide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)						28I. Location City or 1	28I. Location (Street and Number or Rural Route Number, City or Town, State)			
within 24 hours aftar death. To the Funeral Director: Aftar completaly filled in by the funar	edical C	29a. Certifier (Check only one) Certifying Ph	yalcian: To the best of niner: On the basis of and manner sta	examination and	death occurred for invastigation,	at the t	ime, date and pl oplnion, death o	ace, and due to the	ne cause(s) and e, date end plac	manner as : e, end due t	stated. to the cause(s)	
withi To th	M	29b. Signature and title of gartities	Koth	D.	290	-	sa number 30031		29d. Data sig	ned (Month,		
IVA	6	30. Name and address of person who a DONALD R. RICHTI			ype, Print) 33 MEMO	RIA	L DRIVE	OAKLA	ND, MD	21550		
Sta	_	31. Date liled (Month, Day, Year)	32. Registra	ar's Signature								
Registr	ar	DEC 27	1996 Juli	danapar	Randall							



State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Physician RAYMOND EVERHART December 25,1996 8:00 AM /Medical 4a. Facility Name (If not institution, give straet and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE BALTIMORE VA MEDICIAL CENTER N/A If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Day, Yaar) 6. Sex 1 M M 2 □ F 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months 219-05-0029 Director 08-01-1912 MARYLAND Usual Residence of Decadent the Marylend 10a, State 10b. County 10c. City, Town or Location ma 23a or 28a-f ahow 10d. Inside City Limits 1 ☐ Yes 2 No Director MARYLAND ANNE ARUNDEL **PASADENA** 10e. Streat and Number 10f. Zip Coda 10g. Citizan of What Country? filed within 72 hours efter death with 728 214TH STREET 21122 U.S.A. Funeral 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Raca - Amaricen Indian, traumatic evant, the Medical Examiner Black, White, etc. 1X Yes 2 No if Yes, Give Year or Dates: 1 X Never Married 2 ☐ Married Maryland 21215-0020 "natural", or þ 1 ☐ Yes 2 ☐ No Specify: Specify: WHITE 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 6 N/A WELDER MACHINIST 17. Fether's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumeme) Pages 1 end 2 should be in nent of Heelth and Mental I int: If item 27 is marked of DAVID **EVERHART** MYRTLE MUMMERT 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Straat and Number or Rural Route Number, City or Town, State, Zip Code) 728 214TH STREET, PASADENA, MARYLAND 21122 other t LORRETTA J. EVERHART (NIECE) Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If any injury or once. injury or 4 ☐ Donation 5 ☐ Other (Specify) 12/30/96CROWNSVILLE, MD. VETERANS CEMETERY 21. Signature of Funeral Service 22. Name and Address of Facility SINGLETON FUNERAL HOME, with 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Onset and Death **Physician** PROBABLE PULMONARY EMBOLI /Medicai Immediate Cause (Finel disease or condition resulting in death) **Examiner** HEART FAILURE Examiner CONGESTIVE The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Causa (Diseasa or Injury that Initiated events resulting in death) Last P.O. Box 68760. Physician/Medical Due to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ATRIAL FIBRILLATION, STROKE, SEIZURES 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was en autopsy performad? URINARY TRACT INFECTION 1 Yes 2 No this certificate 1 ☐ Yes 2 ☐ No Hospital or Attanding Physician: 24 hours after death.
Funeral Diractor: After this certifica stellified in by the funeral director, p. Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: 27, Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Naturai 5 Pending Investigation 1 Tyes 2 No 2 Accident 6 Could not be datermined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and pleca, and due to the cause(s) and manner stated. Medical 29a, Certifier 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 032548 December 26, 1996 Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) BALTMORE VAEVELY L COLUIN, MD (ON. GREEN MEDICIAL CENTER N. GREENE 31. Date filed (Month, Day, Yeer) 32. Registrar's Signature State Julia Davidson DEC 3 1 1996 Registrar

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Please Type or Print In Black indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 10951

			Decedant's Nama (/First & Aidallo 1 on	-41		Cer	tificate of	Death	l a Duri d D	Reg. No.		
	Physic		Victor Coy		51)					2. Data of D Month	Day	Year /	Tima of Death 4.04nm
	/Medi Exami		4a. Facility Nama (If n		a street and nur	nber)			4b. City, Town, or	Novel Location of Dea		y of Death	
			Union Hos	spital o	f Cecil	County	У		Elkto	n	C€	ecil	
	Funeral Director		5. Social Security Num 221-10-15	582	ex ☑M 2□F	7. Aga (In yrs. 78	last birthday) . Yrs.	If Undar 1 Yaar Months Days		(Month, D	irth la <i>y, Year)</i> er 18, 1	9. Birthplace (Country) 917 De1	(Stata or Foreign
	yand Now M		Usual Rasidance of D 10a. Stata 1	ecedant 10b. County		10c. Cit	ty, Town or Loc	cation	1.00				nsida City Limits
	er death with the Marytar Rems 23a or 28a-f show ner mast be notified at	Funeral Director	Maryland	Ken	t		Ga	lena				1	Yas 2X No
	Pa or 2	Dire	10e. Streel and Numb					10f. Zip Code	31.605		10g. Citizen of		
	Pa 23	erai	P. O. Box	x 54	12. Was Dece	dant Evar In U	J.S. 13. V		21635 Hispanic Origin? (S	pecify Yas or N		S.A.	dlan.
020	urs after des af', or items Examinar m	b	1 □ Nevar Married		Armed For 1 X Yas If Yas, Giv Yaar or Da	rcas?	lf 1f	Yas, specify Cub ☐ Yas 2 No	Hispanic Origin? (S pan, Maxican, Puan Specify:	o Rican, atc.)		ick, Whita, atc.	
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21215-0020	within one. then be Me	Completed	Elementary/Second		Collega (1	-4or 5+)	lifa. D	O NOT usa retire	e Worker		Automot	ive Ind	ngtry
7.55	Hygh Hygh other rent, t	Be Co	17. Fathar's Nama (FI							ma (First, Middle	a, Maiden Sumar		docty
ylar	Menta Menta arhad artic ev	To B	Samuel H.	. Ewing					Florenc	e Coyle			
, Maryland	and 2 sho aith and 27 is ma or trauma		19a. Informant's Nam E. Jean A						of and Number or Re 7, Cheste				»)
Baltimore	Pages 1 sent of He nt: if her ry or oth		20a. Mathod of Dispos 1 8 urial 2 0 4 0 Donation 5	Cramation 3 🗆	Ramoval from S	Slata	cematary, cram	sition (Nama of actory or other pla moverial Day	ace) dk/November	Data 20 1006		- City or Town, S	
alti	mit. spartn sports y inju		21. Signature of Fulls			yızıcı	22.	Nama and Addre	ass of Facility				
	2552		200	71	~ 111	m257	13	llows, E O Speer	Helfenbei: Road, Ch	n & New esterto	nam rune wn Marv	ral Hom	e, P.A.
ı			23a. Part1. Enter the shook, ox leart t	disease, or come failure. List only	Meations Mat or one cause on e	aused the deat ach line.	h. Do not ante	ir tha moda of dy	Ing, such as cardia	or raspiratory	arrast,	Appr	roximata val Between el and Death
	Physician /Medical Examiner		Immediata Causa (Fir diseasa or condition rasuiting in death)	_/	. P	er of	Con an a consequ	ted	1		Ste	01101	days -
	D 15	iner		_	. t	Tah	ste		cu 2	of a	,	1	days.
	icate be executed physician and s the buriel-transit	Examiner	Sequentially list cond if any, laading to imm cause. Entar Undarly Cause (Disaase or Inj	itions, adiata		Dun to (c	or as a consequ	uence of):		1	20 (11)		
68760,	ificate be execut g physician and es the buriel-tran	edicai E	that initiated events		c Ir	Dua to (o	or as a consequ	pence of):	bowe	1 po	881416		
	5 00		rasulting In death) Las	st		U				,			
Box	eth ce ittendi	lan		> -	σ	-							
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	ires thet the deeth cert signed by the attendin d be detached for use	by Pt	5'01	nile		em	ent	7'a -		1	Y86 2□ No	3 Probably	\$28Unknown
Records,	need shoul	Completed t	Can	diac	ar	yllin	ma	3 PV	cs		s an autopsy formed?	available	utopsy findings a prior to lion of cause 1?
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Vital	delan: The certificate rector, pag	Be	25. Was casa referred examinar?						28. Placa of Dec	ath (Check only	ona)		
of	Physician: r this certific ral director,	2 1	1 ☐ Yas 2 ☐ No 27. Manner of Death	5			ER/Outpatient	3LI DOA			idance 6 Oth		
O	ding th. After fune	tion		5 Panding Invastigation		of Injury h, Day Year)	Injury	28c. Inju Wo M 1 □	ork? Yas 2.200	200. Describe	now injury occur	1100	
Division	or Attender Director	Certification:		6 Could not be datarmined	Zoa. Place	of Injury - At h	oma, farm, stre (y)	el, factory, office		28f. Location City or To	(Street and Numi own, Stata)	ber or Rural Rou	ta Number,
	To the Hospital or Attending Physician: The I within 24 hours effer death. To the Funeral Director: After this certificate his completely filled in by the funeral director, page	Medical C	29a. Cartifiar 1[(Check only 2[one)	Cartifying Phy Medical Exam	vsician: To the liner: On the ba and mann	sls of axamina	wiadga, daath ition and/or Inv	occurred at tha ti astigation, in my	ima, data and place opinion, daath occu	o, and dua to the arred at the time	a causa(s) and m , data and place,	annar as stated. and dua to tha	causa(s)
	within To th	Me	29b. Signatura and liti	ia of certifiar	1.1	1 1- 1	1	29c. Lican	sa number		29d. Data signe	ed (Month, Day,	Year)
		14	+1 > 9700	eyer	tokat	1.1616	1-11	W/ 50-	2230	/	11/25	196 -	
			30. Name and address	s of person who o	complated caus	of death (Itan	n 23a) (Type, F	rint)	0.0-1	10 / 5	EIVTA	y mi	21921
	Sta	te	31. Data filed (Month,	Day Kass ==	32. Re	egistrar's Son	tura 🛩	o singe	ereym	ve, 6	ICKIO	עויו אי	01/2/
	Registi			NUV 21	96	gul	a Davidso	n-gandell	>				

State of Maryland / Department of Health and Mental Hygiene 96 40952

					C	ertificat	e of	Death		Re	g. No.		1030 =	
	DULES.		1. Decedent's Name (First, Middla, La	st)						2. Dete of Deeth)		3. Time of Death	T
	Physici		Jessie Elizabeth	Elliott					r	Month December	23, 1	Yeer QQ6	1:20 a.m.	
'n	/Medic Examir		4a. Fecility Neme (If not institution, giv					4b. City, To	-	ation of Deeth	4c. County		1.20 8.111.	
ſ			Kent & Queen Anne	es Hospital				Ches	terto	าพา		Kent		
Т	Funeral	Г	5. Societ Security Number 6. S	Sex 7. Age (In yrs	s. last birthda	y) If Under		r If Under	24 Hrs.	8. Date of Birth	Vacal	9. Birthp	otace (Stata or Foreign	,
	Director		221-12-6205 Usuei Residence of Decadent	ом Ж	Yrs.	Months	Days	Hours	Min. Oc	8. Date of Birth (Month, Day, Ctober 2	28, 192	0 Ma:	ryland	
	yland		10e. State 10b. County	10c. C	ity, Town or	Location					7	1	Od. Inside City Limits	
	Mar Mar	to	Maryland Queen	Anne	Ch	estert	own					- 1	1 ☐ Yes 2X No	
	or 28	Director	10e. Street end Number	-		10f. Zip				10	g. Citizen of W	/hat Cour	ntry?	Ī
	23a c		301 Pine Tree Roa	ad		21	620				U.S.	A.		
0	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hygiene. Ifem 27 is marked other than "natural", or items 23s or 28=1 show other traumatic event, the Medical Exercises must be notified at	Funeral	11. Maritei Stetus 1 ☐ Never Married 2 ☑ Married	12. Was Decedent Ever in Armed Forces? 1 Yes 2 XNo If Yes, Give	U,S. 1	3. Was Dece If Yes, spe	cify Cul	ban, Mexican	gin? (Spec i, Puerto R	ify Yes or No- ican, etc.)	Biac	k, White,		
000	rall,	d by	3 Widowed 4 Divorced	Year or Detes:		10 163	2043-110	o Specify.			Specify.	Bla	ack	
21215-0020	hin 72 h 8. In "natu Wed sa	Completed	15. Decedent's E. (Specify only highest grade) Elementary/Secondary (0-12)	ducation ada complatad) Coilege (1-4or 5+)	(G	cedent's Usu iva kind of wo a. DO NOT u	rk done	a during most	t of working	g 1	6b. Kind of Bu	siness/Ind	dustry	
	gien gien	5	12			Seamst	res	SS			C1	othi	.ng	
nd	a Hy	Be (17. Father's Name (First, Middla, Last,					18. Mothe	r's Name	(First, Middle, M	a <i>idan Sum</i> am.	a)		
yla	Ment the surked	10	William E. Brown					Hatt	ie Go	oldsboro)			
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re,	of Hee		20a. Method of Disposition		Place of Dis	sposition (Na	na of	ece)		Dete D2	oc. Location -	City of To	own, State	
altimore,	Pages nent of I nrt: If ite iry or o		1 Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif						ecemb	per 28,		, Lici	Lyland	
Balt	permit. Pages Department of Important: If it any injury or once.		21. Signature of Fineral Service Licer			22. Name er Fellow	d Addr	Ass of Eacilit Helfen	bein	& Newna	m Fune:		Home, P.A.	
	-		23a. Part1. Enter the threese, or com shock, or hear Uniure. List only	plications that caused the dea						respiratory erre		Land	Approximete	H
	Physician		shock, or heart flure. List only	one cause on each line.						, , , , , , , , , , , , , , , , , , , ,	,		Interval Between Onset end Deeth	
7	/Medical		Immediate Cause (Finat		- B	0	ſ.		6	0.0		- 1	3-00 -	
	Examiner		disease or condition resulting in deeth)				n	emo	7 N	ape			3 days	-
5	Out I	Je.		Due to	(or as a con	sequence of):								
	ertificate be executed ling physician end se es the burial-transit	Examiner	Sequentially list conditions,	b. Due to	(or as a cons	sequence of):								
90	be ex	al E	Sequentiatly list conditions, if eny, teading to immediate cause. Enter Underlying Ceuse (Disease or injury	C										
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80	death certific e attending pl d for use es l	cian												
o	of the death by the attenteched for the	Physician	Part II. Other significant conditions of	ontributing to death but not re	sulting In the	underlying o	ause g	iven in Part I.		23b. Did tob			the cause of death?	
٦	igned by									1 ☐ Ye	8 2 No	3 Pro	bably 4 Unknow	n
Records,	requires thet seen signed b hould be dete	d by								24e. Wes en	eutopsy	24b. W	ere autopsy findings	-
Ö		ete								perform		9V 00	allable prior to impletion of cause	
ě	hes hes	Completed										of	deeth?	
	E # 8									1 Tes	s 2 No	10	Yes 2□ No	
Vital	Physician: this certific ral director,	Be	25. Was case referred to medicat examiner?	Hospitel:				26. Piece	of Deeth	(Check only ona)			
ō	Physical direction	T0	1 ☐ Yes 2 ☐ No 27. Manner of Deeth	1 Inpatient 2L	ER/Outpet		JA	4 □ Nu		e 5 Resider			(y)	_
	After funer	lo	1 ☑Naturel 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Time injur	y M	8c. Inju			3d. Describe hov	w injury occurr	3C		
12		icat	2 Accident investigation 3 Suicide 6 Could not be]Yes 2□!		A Location (Str.	nat and Numbe	or or Pur	al Routa Number,	
DIVISION	or Attendent dest Director:	Certification:	4 ☐ Homicide determined	28e. Place of Injury - At I building, etc. (Spec		street, ractor	, onice	,	20	City or Town,		n or riule	ai riodia ivanibei,	
	pital ours ersi		29a. Certifier 1 Certifying Ph	yalclan: To the best of my kn	owiedne de	ath occurred	at the t	ime dete en	d niaca er	nd due to the cer	uea(e) and ma	nner as e	tated	_
	- Hos 24 h Fun letely	edicai	(Check only 2 Medical Exam	niner: On the basis of examin and manner steted.	ation end/or	investigetion	, In my	opinion, deal	th occurred	at the time, da	te and piace, a	nd due to	the cause(s)	
	To the Hospital or within 24 hours effer To the Funeral Dire completely filled in L	Me	29b. Signeture and title of certifier			29	c. Licen	nse number	1	29	d. Date signed	(Month,	Day, Year)	
		12	· Cer Do	win Ren	-		DO	0035	4		12/2ex	2/8	6	
			30. Name end address of person who	completed cause of death (Ite	m 23a) /Tur	e. Print)			-					
			C. Got- GripA	Bauman	h	nD.	10	O Brow	n St	reet. Ch	nestert	own	Maryland	9
	Sta	te	31. Date filed (Month, Day, Year)	32. Registrar's Sign						300, 01	-55 001 0	J.,	- and J Luniu	Z
	Registr	_	DEC 24 '96	gria vario	Mar Ma	ndell'								

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State of Maryland / Department of Health and Mental Hygiene 96 40953

				Certi	ficate of	Death		Reg. No.	0	40333
Dhua	.i.i.a.s	Decedent's Name (First, Middle, La					2. Date of De Month	ath	Voor	3. Time of Death
	ician dicai	Connie Marie	Edwards				Decembe	er 21,	1996	10:20 a.
	niner	4a. Fecility Name (If not institution, give	The state of the s			4b. City, Town, or	Location of Deetl	4c. County	of Death	
			Nursing Home				ertown		ent	
Funer Direct	_		Sex 7. Age (In yrs. last 1□ M 2反 F 44		If Under 1 Year Months Days	Hours Min	8. Date of Bir Month, Da May 31	y. Year) 52	9. Birthpl Coun Mary	lace (State or Foreign thy land
Mand Mand		10a. State 10b. County	10c. City, T	own or Loca	tion	7.1			11	0d. Inside City Limits
Man	to	Maryland Ke	nt R	lock I	Tall					12 Yes 2 No
h the	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of	What Coun	itry?
th wit	<u>a</u>	21398 Brittan	y Bay Drive		2166	61		U.S.	Α.	
s 1 and 2 should be filed within 72 hours after deeth with the Manyland Health and Mental Hyglena. I health as 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Experience must be notified at	by Funeral	11. Maritel Status **DNever Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U,S. Armed Forces? 1 Yes No If Yes, Give Year or Dates:		s Decedent of Hes, specify Cuba	dispenic Origin? (S an, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)		ce - America ck, White, o y: Whj	etc.
d within 72 hours af glena. rr than "natural", or rre Medical Exerci	8	15. Decadent's Ed		6a. Deceder	nt's Usuel Occup	pation		16b. Kind of B	usiness/inc	fuetry
nin 7	Completed	(Specify only highest gra Elementery/Secondary (0-12)	College (1-4or 5+)	(Give kir.	nd of work done NOT use retired	during most of wa	rking		PO11100011110	
ould be filed with Mental Hyglena. arked other than	E	12	College (1-401 5+)		Cashie	er		Grocer	cy St	core
office file	Be	17. Father's Name (First, Middle, Last,)			18. Mother's Na	me (First, Middle,			
should b nd Ments marked	To	Roland David	Edwards			Violet	Marie	Beck		
parmit. Pages 1 and 2 sho Department of Health and Important: If item 27 is me any injury or other traums		19a. Informant's Name/Reletionship (Violet M. Edw				and Number or R				
of He item		20a. Method of Disposition		e of Dispositi	on (Name of lory or other place	ca)	Date	20c. Location -	City or To	wn, State
Pages ment of I mt: if its		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification 5 ☐ Other (Specification 2)	Hemoval from State			ecember	24. 1996	Rock Ha	11. M	arvland
Department of Heal Important: If Item 2	8	21. Signature of Fuperal Service Licer								ome, P.A.
897.8	8	1 Sul	Well In	1 30	LOWS, He	erienber	n & Newn	am Funei	cal H	ome, P.A.
1000		23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications hat caused the death. [Do not enter	the mode of dylr	Road, Che	c or respiratory e	rest,	Land .	Approximate
Physicia	n	snock, or neart failure. List only	one cause on each line.							Interval Between Onset and Death
/Medica	al	fmmediate Cause (Final disease or condition	Parole dille	Tool	to 1 Can	1 1	1.11.	1000		3. 11
Examine	er	resulting In death)	a. Poorly difference Due to (or as	e conseque	nce of):	anonia	- of the	with	2	J month
D .=	Je Je		200,0 (01 40	o domacquo				V		
ficate be executed physician and st the burial-transit	Examiner	Sequentially list conditions.	b. Due to (or as	a conseque	nce of):					
e exe ian a urial-t		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying								
ate by	Ca	Cause (Disease or Injury that Initiated events resulting In death) Last	C Due to (or as	e consequer	nca of):					
25 01 0	Medical	Tosuming all deathy East								*
			0.							
requires that the death c sen signed by the attend hould be detached for us	Physician	Part II. Other significant conditions of	ontributing to death but not resulting	g in the unde	ertylng cause giv	ren in Part I.	23b. Did 1	obacco uae co	ntribute to	the cause of death?
d by Hetac							10	res 2 No	3 Prob	ably 4 Unknown
res th	þ									
v require been signal	e						24a. Was perlo	an autopsy med?	ava	re autopsy findings allable prior to
aw 2 s	Completed								of d	npletion of cause leath?
	် ပ						101	es 200 No	10	Yas 2□ No
delan: The certificata rector, pag	Be	25. Wes case referred to medical examiner?				28. Plece of De	eth (Check only o	ne)	1	
0 0	To	1 Yes 2 No	Hospital: 1 ☐ Inpatient 2 ☐ ER/	Outpatient	3□ DOA Oth	er: 4 Nursing I	lome 5 □ Resid	enca 8 🗆 Oth	er (Specify)
tha tha	Certification:	27. Manner of Death 1 Matural 5 Pending 2 Accident Investigation	(Month, Day Year)	b. Time of Injury	28c. Injur Wor M 1 🗆	yat k? Yes 2 ☐ No	28d. Describe h	ow injury occur	red	
To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completaly filled in by the fune	artific	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - At home, building, etc. (Specify)	, ferm, street	, factory, office		28f. Location (5 City or Tow	Street and Numb n, State)	er or Rural	Route Number,
pital ours a		29a. Certifier 1 Certifying Ph	-let- T-th-b-st-f t							
To the Hospital or within 24 hours after To the Funeral Dir completally filled in	edical		ysician: To the best of my knowled niner: On the basis of examination a and manner steted.	and/or invest	curred at the tin tigation, in my o	ne, date and plece plnion, death occu	rred at the time,	eause(s) and ma dete end place,	nner as ste and due to	ated. the cause(s)
ro th rothic	2	29b. Signeture end title of certifier			29c. Licens	e number		29d. Date signed	d (Month, E	Day, Year)
,- ,- ,	3) /Me	Boine M	0	N	1980	3	12-2	3-91	6
		30. Name and address of person who	completed cause of death (Item 10)	a) /Tune D-i-	, C					
		4 4 4 4	DARIA MAIN	a, (Type, Pfil	o Ro	over C	t -CH	FITE	TOIL	NI lad
	tate	31. Dete filed (Month, Day, Year)	32. Registrar's Signature	- 10	~ 184		. 011	_3/ _/	· UW	, , , ,
Regis		DEC 24 'S	completed cause of death (Item 23se 3 1 R / A M D 32. Registrer's Signature	idson-R	indebe.					
		444	//							

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death Day Month **Physician DECEMBER 28 1996** 6:30 AM MARY JUANITA FLANAGAN /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SACRED HEART HOSPITAL CUMBERLAND if Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) DEC. 2, 1945 5. Social Security Numbar 7. Aga (In yrs. last birthday) 9. Birthpiaca (Stata or Foraign **Funeral** Days Hours Months WEST VIRGINIA 1□ M 2□ F 51 Yrs 235-72-1105 Director Usual Rasidence of Dacedant 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show rai", or items 23s or 28s-f shore Examiner must be notified at Director 1 ☐ Yas 2 No WV MINERAL SPRINGFIELD 10e. Street and Number 10f. Zip Coda 10g. Cifizan of What Country? HC 86, BOX 20-A 26763 U.SA. permit. Peges 1 and 2 should be filed within 72 hours after death a Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or thems 23, any injury or other traumatic event, an Mental Examination was Funeral 13. Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 12. Was Dacedant Evar in U,S. Armed Forcas? 11. Marital Status 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Nevar Married 2 X Married 1 ☐ Yas 2 ☒ No If Yas, Giva Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Be Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry AUTOMOBILES AND Eiamantery/Secondery (0-12) Collega (1-4or 5+) UNKNOWN SELF-EMPLOYED RETAIL STORE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meidan Sumama) KENNETH G. POWNELL SUSIE ROGERS 2 19a. Informant's Name/Relationship (Type, Pnnt) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) ROBERT P. FLANAGAN HC 86, BOX 20-A, SPRINGFIELD, WV 26763 20b. Piaca of Disposition (Nema of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☑ Cramation 3 ☐ Ramovai from Stata CUMBERLAND CREMATORY 12/30/96 CUMBERLAND, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensas 22. Nama and Addrass of Facility UPCHURCH FUNERAL HOME, INC. P.O.BOX 1260-FT. ASHBY, WV 26719 P.O.BOX 1260-FT. ASHBY, WV 2

23a. Part1. Enter the disease, or complifications that ceused the death. Do not enter the mode of dylng, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarval Batween Onsat and Death **Physician** LIVER FAILURE WEEKS /Medical immediata Cause (Finel disaasa or condition rasulting in daath) **Examiner** Due to (or es e consequence of):

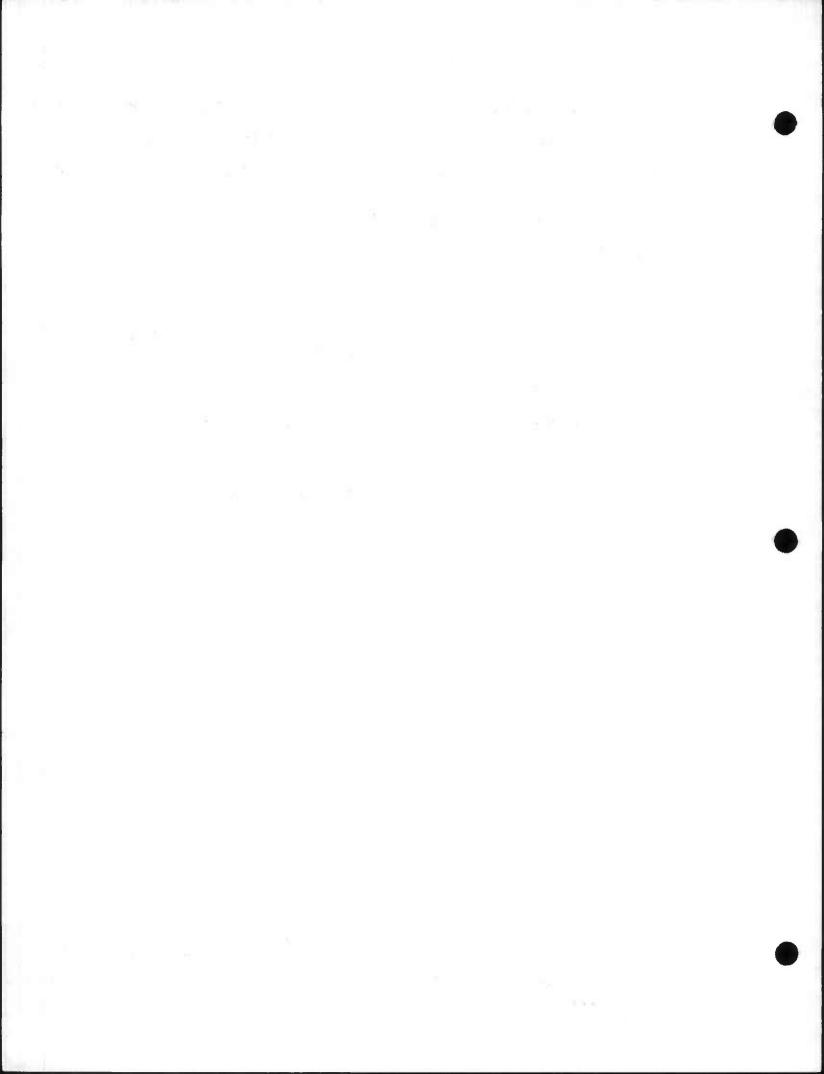
METASTATIC CANCER OF BREAST Physician/Medical Examiner physician and s the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to Immadiata ceusa. Entar Underlying Ceuse (Diseasa or Injury that initiated events rasulting in death) Last P.O. Box 68760, Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown should be d þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 2 No certificate 1 Yas 2 No Hospital or Attending Physician: 25. Was cesa referred to madicel axaminar? Be 28. Placa of Daath (Check only ona) Hospitai: 1 Xinpatiant 2 ER/Outpatient 3 DOA 1 Yas 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To this funeral 27. Mapnar of Death 28b Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? After 5 Panding after deeth. 1 ☐ Yes 2 ☐ No 2 Accidant invastigation 3 Suicida 6 Could not be datermined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Piace of Injury - At homa, farm, straet, factory, office building, atc. (Specify) filled In by 4 Homicida within 24 hours a To the Funeral C Certifying Physician: To tha best of my knowledge, deeth occurred at tha tima, data end piece, and dua to tha cause(s) and menner es stated.

| Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and piace, and dua to the cause(s) and menner stated. edical 29e. Certifian ş 29b. Signature and title of pertifier DECEMBER 28, 1996 Mus 30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print) WIRGINIA 6. MAGBOJOS, M.D. 938 NATIONAL HIGHWAY, LAVALE MD 21112

Registrar

Records.

Division of Vital



State of Maryland / Department of Health and Mental Hygiene 96

60955

							Certificate	of.	Death		Reg. No.		40333
	Dharaia		1. Decedent's Name (First, Midd	e, Last)						2. Date of De Month		Year	3. Time of Death
	Physic /Medl		Dorothy Louis							Decemb			8:00 pm.
	Exami		4a. Facility Name (If not institution						lb. City, Town, or	Location of Deet	4c. Count	y of Death	
			Ravenwood Luth						Hagers			ashin	gton
	Funeral Director		5. Social Security Number 214-09-1801 Usual Residence of Decedent	6. Sex 1 □ M 2 1 F	7. Age (In 8:			Yeer Days	if Under 24 Hrs Hours Min		th ly, Year) ,1913		place (State or Foreign ntry) 1 land
	ye m		10a. State 10b. County		100	City, Tow	or Location					1	10d. Inside City Limits
	Man	ğ	Maryland Wash	ington		На	gerstown						1 X Yes 2 No
	h the	Director	10e. Street and Number				10f. Zip C	Code			10g. Citizen of	What Cour	ntry?
	th wil		Hamilton	Boulevard	đ			2	1742		USA	1	
21215-0020	pamit. Pages 1 and 2 should be filed within 72 hours effer deeth with the Maryland Department of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show important: if item 27 is marked other than "natural", or items De notified a house.	by Funeral	11. Maritai Status 1 □ Never Married 2 □ Mar 3 ☑ Widowed 4 □ Divorced	If Yes G	orces? 2⊠ No ive	n U,S.	13. Wes Decede if Yes, specif		ispanic Origin? (S in, Mexican, Puer Specify:	Specify Yes or No rto Rican, etc.)	- 14. Re Ble Specia	ca - Americ eck, White, fy:	
2-0	72 ho	ted	15. Deceder (Specify only highe	t's Education	1	16a.	Decedent's Usual	Occup	ation	artin a	16b. Kind of E	Business/In	dustry
21	lthin 199	Be Completed	Elementary/Secondary (0-12)		(1-4or 5+)		(Give kind of work life. DO NOT use	retired	()	orking			
7	ygier ygier rt, m	ပိ	12)		homemak	er					n home
aryland	be fill H out	Be	17. Fether's Name (First, Middle, James Allen Ha							me (First, Middle,		me)	
2	should be and Mental marks of umatic eve	2	19a. Informant's Name/Relations			401		(0)		Creager			
Ma	d2s then 7 is r		Frank Fiery - s				Malling Address (
e,	Health Health Hem 27		20a. Method of Disposition	OII	20	b. Placa of	Disposition (Neme	e of		Date Date	20c. Location		S.C.29853
timore,	Pages net: Wite ary or of		1 ⊠ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S				y, crematory or oth Haven Cen			1-2-97			Maryland
a	ortan		21. Signature of Funeral Service				22. Name end			1-2-91	nagersc	OWII,	Haryland
ä	Departition of the second of t		15000	man	M N 11	L	MINNIC	H F	JNERAL H	OME .,Hagers			
	Physician /Medical Examiner	er	23a. Part1. Enter the disease, or shock, or heart failure. List Immediate Cause (Final disease or condition resulting in death)	complications that only one cause on	Aon	Tic	consequence of):	of dyin	g, such as cardia	c or respiretory a	rrest,		Approximate Interval Between Onset and Deeth
	betra	Examiner	Later Control of the Control	b	Va	we	/ Ugu	VC.	accep			<u> </u>	
ĵ.	death certificate be executed a attending physician and nd for use as the burial-transit	Exa	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying		Due	O (OI MS M C	onsequence of):						
98/90	ysicie	edicai	thet initiated events	C. —	Due to	o (or es e c	onsequence of);					1	
	ng ph as th	Med	resulting in deeth) Lest									i	
Š	attending p			d									
a C	ha att	Physician/	Part II. Other significant condition	ne cony/buting to d	leath but not	resulting in	the underlying cau	use giv	en in Part I.	23b. Did	lobacco use co	ontribute to	o the cause of death?
7.	res that the designed by the a		atual	Mehr	eller.	1 Av	U			10	Yes 2 10	3□ Prol	bably 4 Unknown
Hecords,	iaw requires that the as been signed by th 2 should be dateche	ted by		Pin	000	av.				24s. Was	en autopsy med?		ere autopsy findings aliable prior to
ပ္	has be	ple										of	mpletion of cause death?
	T eate	Completed								101	res 2 ANO	10	☐ Yes 2☐ No
VIII	ysician: The s certificate director, pag	Be	25. Wes case referred to medical examiner?						28. Place of De	ath (Check only o	ne)		
0	Physic ral dire	2	1 ☐ Yes 2 ☐ NO	Hospital:	inpatient :	2 □ ER/Out			4 LaHreursing I	Home 5 ☐ Resid	dence 6 □Oti	her (Specif	y)
DIVISION	ding h. After	Certification:	27. Manner of Death 1 Defural 5 Pendin 2 Accident investig 3 Suicide 6 Could	ation	of Injury oth, Day Yea	28b. T	ime of 28c	c. Injun Worl	yat k? Yes 2 □ No	28d. Describe I	now injury occur	rred	
5	after deel Director: d in by the	ertifi	4 Homicide determ	ned 286. Place	e of Injury - A ing, etc. (Sp		m, street, factory, o	office		28f. Location (S City or Tox		ber or Rura	al Route Number,
	To the Hospital or I within 24 hours after To the Funeral Director Completely filled in the Funeral Director Compl	edicai C	29a. Certifier 1 Certifyin (Check only one) 1 Medical	g Physician: To the Examiner: On the b and man	best of my easis of exam	knowledge, inetion and	death occurred at Vor investigation, in	the tim	e, date and pleca pinlon, death occu	a, and due to the urred et the time,	cause(s) and m date and place,	anner as si and due to	lated. o the cause(s)
	To the To the comp	Me	29b. Signature and title of certifie	vel C	leaux		29c. 1	License	3669	5	29d. Date signs	od Month	Day, Year)
,			30. Name and address of person	who completed cau	se of deeth (Item 23a) (Type, Print)	7	HARLI	tous	mn		771/1
Ī	Sta Registr		31. Dete filed (Month, Day, Year) JAN 0 3 1	197 July	Registraria Si	gnetu	M.		1	1000.1			

38 Til 1977 198 i y- 2 , 340 SC

State of Maryland / Department of Health and Mental Hygiene 96

						(Cert	ificate	of	Death			Reg. No				
	Physici /Medi		1. Decedent's Name (First, Middle, ELIZABETH FLETO									2. Date of De Month DEC	Day 27	^y 1	Year 996	3. Time	of Death
1	Examir		4a. Facility Name (If not institution, g	ive street and nu	ENTE					AAFB	Can	ocation of Deat p Spri	ngs	Pri	of Death	Georg	re's
	Funeral Director		5. Social Security Number 6 581-10-6114 Usual Residence of Decedent	Sex 1□M 2XF	7. Age /	lp yrs. last birth	day)_ rs.	Months D	ear ays	If Under Hours	24 Hrs. Min.	8. Date of Bi (Month, Di Sept.			9. Birthi Cour Ohi		e or Foreign
	he Maryland 28a-1 show prified at	ector	10a. State 10b. County Maryland Prince	e George		oc. City, Town		Hills								1 🗆 Y	City Limits
	with t	D.	10e. Street and Number 2524 Afton Stree	·+				10f. Zip Co					10g. Cit		Vhat Cou	ntry7	
020	ges 1 and 2 should be filed within 72 hours after death with the Maryland t of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other treumatic event, the Medical Examiner must be incrined at	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. Was Deci	rces? 2 XNo	er in U,S.	If '	2074 as Deceden Yes, specify	t of I	Ilspanic Ori en, Mexican Specify:	gin? (Sp n, Puerto	ecify Yes or No Rican, etc.)	0-		e - Americk, White,	can Indian, etc. hite	
2-0	72 ho	Pet	15. Decedent's	Education		16a. [Decede	int's Usual C	ccup	oation	t of work	ina	16b. K	ind of Bu	siness/In	dustry	
21215-0020	d within giene.	Completed	(Specify only highest g Elementary/Secondary (0-12) 12	Coilege (I-4or 5+)		ife. Do	Cler	retire	d)	O WOIN	ng .	De	part	ment	Stor	re
Maryland	2 should be filed and Mental Hygin Is marked other reumatic event, II	To Be	17. Father'a Name (First, Middle, La Fred Sh	arpe						18. Mothe		e (First, Middle Longen			(e)		
	1 and 2 sho Health and 1 em 27 is me		19a. informant'a Name/Relationship Carol Jean Che		(Daı			Address (S 524 A1				al Route Numb					3
Baltimore,	permit. Pages 1 and Department of Health Important: if Nem 27 eny Injury or other to once.		20a. Method of Disposition 1 \(\tilde{\tii	eify)	State	20b. Place of I cemetery Mary La	nd i	State Name and	Ve Ve Ce ddre	meter ss of Facili	y 1	Dec. 31 1996 Lee 1 Ferry	Che	elte eral	nham Hom	e, In	yland c.
	Physician /Medical Examiner	er	23a Part Enter the discuss a coco shock or heart lambs. List on immediate Cause Final disease or condition resulting in death)	a. DIAL	ATED	CARDIO	MYO	РАТНҮ	f dyl	ng, such as	cardiac	or respiratory a	arrest,			Approximinterval E Onset an 5YRS	Between nd Death
ox 68760,	leath certificata be asscuted attending physician and I for usa as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. <u>COPD</u> c		ue to (or as a co										5YRS	
P.O. B	0 0 %	Physician	Part ii. Other significant conditions	contributing to de	eath but r	not resulting in t	he und	derlying caus	se gir	ven in Part i			tobacco				e of death?
Records,	aw requires to been so 2 should	Completed by				7 10 to to to to to to to to to to to to to						24a. Was	s an auto ormed?	psy	av	fere autopo vailable pricompletion of death?	or to
- B	m	E										10	Yes 2	No No	11	☐ Yes 2	₩ No
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of	Physician: this cartific ral director,	은	1□ Yes 2□ No		npatient			3□ DOA			irsing Ho	me 5□Res				fy)	
Division (Aftar fune	Certification:	27. Manner of Death 1 KNaturai 5 Pending 2 Accident investigat	on	of injury th, Day Y	(ear) 28b. Tir	ne of ury	28c.	inju Wo 1 □	ryat rk? ∣Yes 2 🗆	No	28d. Describe	how Inju	ry occurr	red		
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	To the Hospital of within 24 hours af To the Funeral Discomplately filled in	edical	29a. Certifier 1 Certifying F (Check only one)	thysician: To the aminer: On the ba and man	asis of ex	camination and/	death o	occurred at to stigation, in	he tii my c	me, date an opinion, dea	d place, th occur	and due to the red at the time,	cause(s), date and	and ma d place,	nner as s and due t	itated. o the caus	e(s)
	To the within To the Complex C	W	290. Signature and little of certifier 30. Name and address of person wh	Mayo	o of deci	th (item 22-) (7	uma D		icens	09794	4		29d. Da	te signed	199	Day, Year 96)
			Lt. Col. USAF M	C John	E. N	McManig)50	West	Pri	miter	RD, 1	AAFB	MD	20762	-6600
	Sta Registr		JAN 0 2 1		hid	Signature	rda	LC.		N III							

Please Type or Print in Black Indelibie Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Deeth 1. Decedent's Name (First, Middle, Last) Month Day 0300 Edward Robert Fallon, Jr. December 20, 1996 4a. Facility Name (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death 709 Linwood Dr Be 1 Air Harford If Under 24 Hrs. Hours | Min. 8. Date of Birth (Month, Day, Year) If Under 1 Year Months Days 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Hours 1**∑** M 2□ F Yrs. 016 16 8859 77 2 19 MA Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Anne Arundel Arnold 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 634 Jupiter Hills Ct. 21012 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 1 XYes 2 No If Yes, Give Year or Dates: 41 - 73 1 Never Married 2 Merried 1 ☐ Yes 2 🖾 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 4 U.S. Airforce Military 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Edward Robert Fallon, Sr. Rose Monahan 19a. Intormant's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia Fallon / Wife 634 Jupiter Hills Ct. Arnold, MD 21012 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 Donation 5-Tother (Specify) MD Veterans Cemetery 12/23 Crownsville, MD 22. Name end Address of Facility Barranco & Sons Funeral Home 23a. First. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, nock, or heart failure. List only one cause on each line. MD 21146 Approximate Interval Between Onset end Death NON LympHiMA Immediate Cause (Finei HUDGICINS 2 1 disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? culier dire 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

physician and the burial-transit

signed by t

Physician/Medical

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Completed

Be

Certification:

Medical

Division of Vital Records, P.O. Box 68760,

Physician

/Medical

Examiner

Director

Funeral

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Completed

MD

Funeral

Director

7 is marked other than "natural", or flams 23s or 28s-f shor traumstic event, the Modical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours after death to Department of Heelth and Mental Hygiene. Important: If flem 27 is marked other than "natural", or flams 23s any injury or other traumatic event. Its Mental is a second or the marked other than many injury or other traumatic event.

Saltimore, Maryland 21215-0020

the Menjand

with

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last

25. Was case referred to medical axaminer? 1 Yes 2 No

28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Others 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work?

27. Manner of Death 1 Natural

28a. Date of Injury (Month, Day Year) 5 Pending Investigation 8 Could not be determined

1 Yes 2 No 28e. Place of Injury - At home, tarm, street, tactory, office building, etc. (Specify)

28t. Location (Street and Number or Rural Route Number, City or Town, Stete)

29a. Certifier

2 Accident

3 Sulcide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

29b. Signature end title of certifier

29c. License number 21438 29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23e) trype Print)

NICH MED LAKEN TAW BOS MEEN IN AVESTEIN ANNAPOLISM & 21401. 31. Date filed (Month, Day, Year)

State Registrar

DEC 8 0 1996



DHMH 16 Rev 6/95

To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director,

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death **Physician** Month Veer ERNEST VICTOR GLIME DECEMBER 29, 1996 /Medical 1559 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner CUMBERLAND SACRED HEART HOSPITAL ALLEGANY If Undar 1 Yaar | If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1**X** M 2□ F Director Yrs 94 214 07 1889 FEB 12, 1902 MARYLAND Usual Residence of Decedant the Maryland 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or flems 23s or 28s-f show traumstic event, the Medical Examiner must be notified at 1 X Yas 2 □ No Director MARYLAND ALLEGANY FROSTBURG 10e. Street and Numbar 10f. Zlp Code 10g. Citizen of What Country? 149 MAPLE STREET 21532 U.S. death Funerai 11. Maritai Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Haalth and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or item eny injury or other traumatic event, the Medical Example. 1 ☐ Yes 2 🕱 No If Yes, Giva Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 ₩idowed 4 Divorced WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 6 MECHANIC CELANESE CORP 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surnama) Be JOHN GLIME CHRISTIANA ORT 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ALICE CALLAHAN/SISTER 304 LIBERTY ROAD, FEDERALSBURG, MD 21632 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) FROSTBURG MEMORIAL PARK 12/31/96 FROSTBURG, MD 21532 22. Name and Addrass of Facility
SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532 Part : Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final CONGESTIVE HEART FAI WIRE disease or condition resulting in deeth) neus Examiner Due to (or as a consequenca of) Examiner STAGE COPI mos sician and burial-transit Sequentially list conditions, if any, leading to Immadiate causa. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): physician s the buria Box 68760. LEFT LIMEN LOBE PNETMONIA weeks Physician/Medical Due to (or as a consequence of): uea s ate has been signed by the page 2 should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown by 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to Completed completion of cause of death? cartificate has 1 Yes 1 ☐ Yas 2 ☐ No Division of Vital 25. Was case refarred to medical 8 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Hospital or Attending I
 24 hours after death.
 Funeral Director: After 1 Natural 2 Accident 5 Pending Investigation 1 ☐ Yas 2 ☐ No 8 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) in by 4 Homlcide Certifying Physician: To the best of my knowledge, death occurred at the time, date and pleca, and due to the cause(s) and manner as stated.

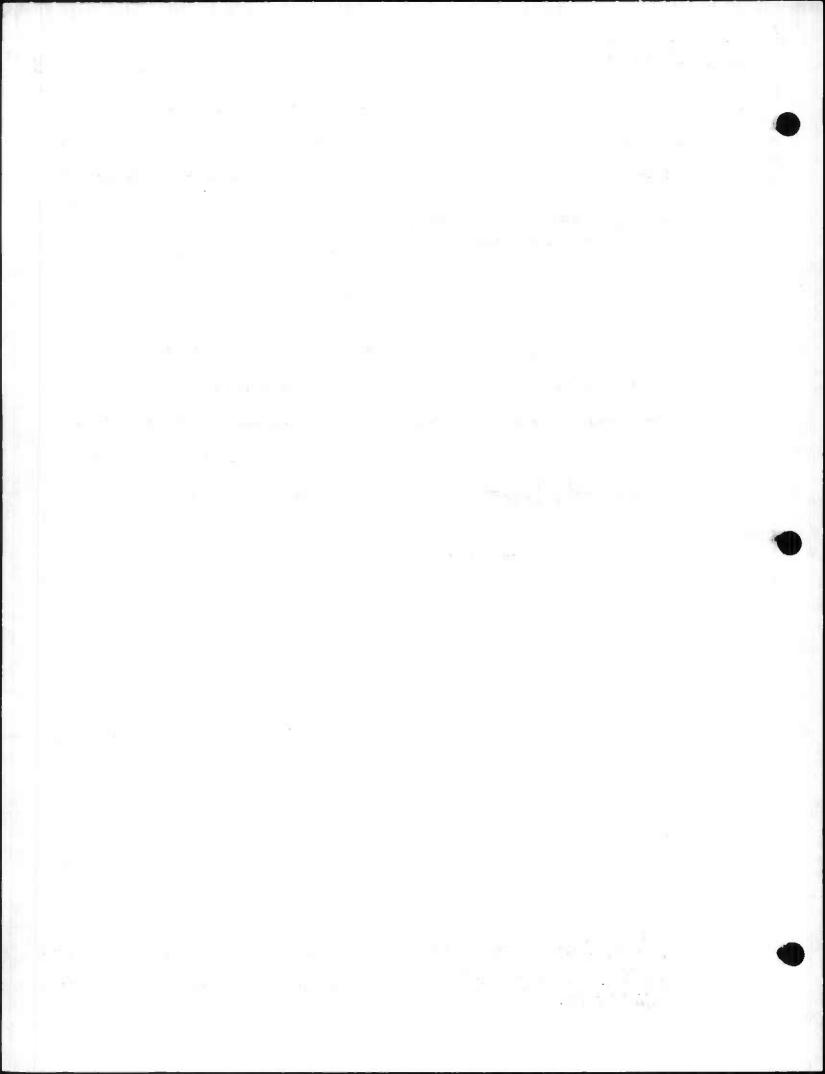
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certiflei plataly To the I within 2 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 13166 30. Neme and address of person who completed cause of death (Item 23e) (Type, Print) Roous ANGEL 22. Registrar's Signature 31. Date filed (Month, Dey, Year) State 71532 Registrar

DHMH 16 Rev 6/95

96-7450-001 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEMS: 23 PART I, 27, PER State of Maryland / Department of Health and Mental Hygiene MEO FILM G-743 1/18/97 t.t Certificate of Death 1. Decedant's Nama /First Middle Last) 2. Data of Daath 3. Tima of Death Physician Month Day **JAMES EMERSON** DECEMBER GEORGE 29,1996 0925AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner MAIN STREET #1 APT. FROSTBURG ALLEGANY COUNTY If Undar 1 Yeer If Undar 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) , Funeral 8. Date of Birth (Month, Day, Year) Birthplace (Stata or Foraign Country) XIDM 2DF Yrs. Director 218-60-0797 20-Oct-52 Pennsylvania Usual Rasidance of Dacedant the Maryland 10a, Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits be notified at Director Allegany Maryland Frostburg 1X Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 14 West Main Street with ò "natural", or items 23a 21532-U.S.A. by Funeral death 12. Wes Decedant Ever In U,S Armed Forces? 11. Maritel Status Was Dacedani of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, etc.) 14. Race - Amarican Indien, Black, White, etc. filed within 72 hours after 1 Navar Marriad 2 Married 1 Yes 2 No 21215-0020 Specify: White 1 ☐ Yes 2 No Specify. 3 Widowed 4 Divorced Completed Pages 1 end 2 should be filed within 72 homen of Health and Mental Hygiene.
ant: If item 27 is marked other than "natur 15. Dacedant's Education (Specify only highast grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Contractor Construction Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumema) Be James E. George, Sr. **Dottie Phillips** 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Dottie P. George Mother 174 Meadow View Drive Grantsville Maryland 21536-20a. Mathod of Disposition 20b. Plece of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Removel from State 4 Donation 5 Other (Specify) permit. Page Department of important: If any injury or Frostburg Memorial Park 01-Jan-97 Frostburg, Maryland 21. Signature of Funarai Sarvice Licerses 22. Nama end Addrass of Facility Durst Funeral Home, 57 Frost Ave., Frostburg, MD 21532 23a. Part1. Entar tha disaasa, or complications that causad the daath. Do not entar tha moda of dying, such as cerdiec or respiratory arrast, shock, or haart failura. List only ona causa on aach lina. Approximata Intarvai Betwaan Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) PNEUMONIA Examiner Dua to (or as a consequence of): Examiner The law requires that the death certificeta be executed the burial-tran Sequantially list conditions, if any, laading to immadiata causa. Entar Undarfying Causa (Disaasa or injury that initiatad avants rasuiting in daath) Last Dua to (or as a consequence of): P.O. Box 68760. physician Physician/Medical Dua to (or as a consequence of) ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, Completed by Pe 24a. Was en eutopsy 24b. Wara autopsy findings peen: aveilebla prior to complation of ceusa of death? performed' has Myas certificate 2 No Yas 2 No Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica staly filled in by the funeral director, I Be 25. Was cesa rafarred to madical 26. Placa of Death (Check only ona) Certification: To Othar: 4 ☐ Nursing Homa 5
Rasidance 6 ☐ Othar (Specify) 1XX Yas 2 □ No 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1XXNatural 5 Panding invastigation 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital of within 24 hours at To the Funeral D completely filled i Medical 29a. Cartifias 1 Certifying Physician: To tha best of my knowladga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 2 Medical Examinar: On the best of my showadga, death occurred at the time, date and piece, and due to the causa(s) and manner stated.

and manner stated. 29b. Signate and title of certifie 29c. License number 29d. Date signed (Month, Dey, Year) O.C.M.E. DECEMBER 30, 1996 who complated ceusa of daet (Nam 23a) (Type, Print) Penn Street, Baltimore, Maryland 21201 State

DHMH 16 Rev 6/95



96-7491-005

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, II, 27, PER MEO State of Maryland / Department of Health and Mental Hygiene FILM G-743 1/14/97 t.t

Certificate of Death

Physician
/Medical
Examiner

DEBRA

DEC. 31 Dey 1996 9:35 PM

10d. Inside City Limits

Approximate Intervel Betw Onset and Deeth

24b. Wara autopsy findings eveilebie prior to completion of cause of daeth?

1 Ves 2□ No

1 Yes 2 No

Funeral

Director the Meryland re 23a or 28a-f show Herrs 23a effer

6 "natural", Hygiene. other t permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any injury or other traumatic event since.

altimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificate be executed -tran bunel physician s the burie Box 68760 ottending p P.O. the signed by the Records. þ page 2 should t Completed of Vital 8 70 this After Division or Attending death. Hospital or Attendi
 124 hours after death
 Funeral Director: A the à

1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth ANN **GRUBB** 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Co. Baltimore Co. 7257 HOLABIRD AVE. BALTIMORE | H Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Min. April 6 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country)
Balto, MD 1□ M 2□ F 218-70-6069 38 Yrs. Usual Residence of Decaden 10e Steta 10b. County 10c. City. Town or Location Director MD Baltimore Co. Dundalk 10e Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 7257 Holabird Ave, 2nd fl 21222 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck White etc 1 Naver Married 2 Married 1 Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own home 10th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumema) Be Lenard Sewell Thomas Helen Christina Orchard 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) W. Luther Grubb (husband) 7257 Holabird Ave, 2nd fl, Dundalk, MD 21222 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Jan 4 1997 Catonsville, MD 4 ☐ Donetion 5 ☐ Other (Specify) MetroCrematory 21. Signeture of Fungrel Selving Licensee 22. Neme end Address of Fecility Charlton Funeral Home Dean P Charlton

2007 Eastern Ave, Baltimore, MD 21231

23a. Part1. Enter the disaasa, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Immediate Causa (Finai FATTY LIVER disease or condition rasulting in deeth) Due to (or as a consequence of) Examiner Sequentially list conditions, if eny, leeding to Immediate cause. Entar Underlying Couse (Disease or injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): Physician/Medicai Due to (or es e consequence of): Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yea 2 ☐ No 3 ☐ Probably 4 X Unknown ACUTE ALCOHOL INTOXICATION

24e. Was an autopsy performed? 25. Wes case rafarred to medical

26. Place of Daeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home AResidence 6 Other (Specify) Data of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred

27. Manner of Death Neture 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 HomicIde

1 Certifying Physician: To the best of my knowledga, deeth occurred et the time, dete end piece, end due to the cause(s) end manner es stated.

2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, deeth occurred et the tima, date and pieca, and due to the cause(s) and menner steted. 29a. Certifier

29b. Signeture end title of certifier

29c. License number O.C.M.E. 29d. Dete signed (Month, Day, Year) JAN. 01, 1997

10XYes 2□ No

30. Nama and address of person who complated cause of deeth (Itam 23a) (Type, Print)

DONALD G. WRIGHT 111 Penn Street, Baltimore, Maryland 21201

31. Dete filed (Month, Dey, Year)

XXYes 2 No

32. Ragistrer's Signetura

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended item # 7 per F.D. State of Maryland / Department of Health and Mental Hygiene 12/30/96 Carroll Co. p.1.c. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth GATUSO **Physician** LILLIAN DECEMBER /Medical 4e. Fecility Neme (If not institution, give street end number 4b. City, Town, or Location of Deeth Examiner Carroll County General Hospital Westminster
If Under 24 Hrs. 8. Dete Carroll 7. Age (In yrs. lest birthdey) if Under 1 Year 5. Sociei Security Number 8. Dete of Birth (Month, Dey, Year) **Funeral** Birthplece (State or Foreign Country) 1□M 207 Months Deys 86 Yrs. 84 **Director** 213-38-7307 May 29, 1912 Maryland Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location ahow 10d. Inside City Limits "natural", or items 23a or 28a-f ahov No Yas 2 No Directo Maryland Carrol1 Westminster 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 180 E. Main Street Funeral 21157 United States 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 72 hours efter 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 1 Never Merried 2 Married 21215-0020 Specify: White 1 ☐ Yes 2 No þ 3 ☐ Widowed 4 反 Divorced Hygiene. other than "natura ent, the Wedical Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 9 Owner/Operator Restaurant other Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) . Pages 1 and 2 should be file tment of Heelth end Mental Hy tant: If item 27 is marked oth jury or other traumatic even 18. Mother's Name (First, Middle, Melden Sumeme) Be Gregory Levanis Lillian 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melting Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Charles F. Gatuso 180 E. Main Street, Westminster, MD 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete Burlel 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) Department of Important: If any injury or Lakeview Memorial Gardens 12/30 | Sykesville, Maryland 21. Signeture of Funerei Service Licensei 22. Name end Address of Fecility Myers Funeral Home, 91 Willis Street, Westminster MYELS I discussion of the mode of dying, such as cardiac or respiratory errest, 23a. Pert1. Enter the disease, or complications that the disease, or heart feilure. List only one cause on each the **Physician** Immediate Ceuse (Finet disease or condition resulting in deeth) /Medical · A CUTE MYOCANDIAL INFANCTION Examiner Due to (or es e consequence of) Examiner The law requires that the death certificate be executed buriel-transit Sequentietly list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the ceuse of death? 1 Yes 2 No 3 Probably 4 2 Unknown Division of Vital Records, should be d þ 24b. Were autopsy findings eveltable prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? certificata 1 Yes 2 No 1 Yes 2 No or Attending Physician: 25. Wes cese referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitet: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 70 1 Yes 2 No 1.2 Inpatient 2 ER/Outpetient 3 DOA this 28e. Dete of Injury (Month, Dey Year) Certification: 27. Menger of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred Aftar 1- Naturet 5 Pending investigation 1 Yes 2 No s after death 2 Accident the 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) in by 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled Medical 29a. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es stated. 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s) end menner steted. 29b. Signeture and title of certifier 29c. License number 29d. Dete stgned (Month, Dey, Year) 8221 December 27, 1996 ise of deeth (Item 23a) (Type, Print) 200 MEMONINE AVENUE WESTIMINSTER MAYCANS, DANH, Schne, Breper 32. Registrer's Signature 31. Dete filed (Month, Day, Year) State 2115 DEC 3 0 1996

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene 96 1,096

						Cert	ificate of	f Death		Reg. No.	20	40	302
	Discretal		1. Decedent's Neme (First, Middle, La	ist)					2. Dete of D	Deeth	h. Ye	200	Time of Deeth
	Physicl Medic		CLEVELAND S	. GRAVES					DEC. 2	27 199	96 '		200
	Examir		4e. Facility Neme (If not institution, given	e street and number)				4b. City, Town,	or Location of Dec	eth 4c.	County of D	Death	
			ANNE ARUNDEL MED				WALL A AM	ANNAPO	LIS	Al	NNE AF		
	Funeral Director		220-16-9009	Sex 7. Ag	je (In yrs. last bi 69	Yrs.	Months Dey		IS Irs. 8. Dete of E (Month, I APRIL	Sirth Day, Year) 22 1	9. 927 VI	Birthplace (Country) IRGINI	(Stete or Foreign
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	the 128	Director	10e. Street and Number				10f. Zip Code			10a, Citi	zen of What	t Country?	
	3a or	Ö	899 MARENGO STRE	ET			2140				US	,	
	death ms 2	Funerai	11. Meritei Stetus	12, Wes Decedent	Ever in U,S.	13. W	as Decedent of	Hispanic Origin?	(Specify Yes or Nuerto Rican, etc.)	10-	14. Rece - A		dien,
21215-0020	d within 72 hours after death with the Marylan jiene. r than "netural", or fiems 23e or 28e-f show the Modical Example results incrited as	by	1 ☐ Never Merried 2 🖔 Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 XYes 2 1 If Yes, Give W Yeer or Detes:	.W.II		Tes, specity Ct		Jeno Hican, etc.)		Specify:	White, etc. BLACK	(
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and	should be filed within and Mentel Hygiene. I marked other than "umatic event, the Men	Be	17. Fether's Neme (First, Middle, Last						Neme (First, Midd	le, Meiden	Sumeme)		
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Maryland	C/ 0 2 #		19e. Informent's Neme/Reletionship	Type, Print)					Rural Route Num		r Town, Sta	ite, Zip Code	9)
e,	Heeith Heeith Jam 27		LYDIA GRAVES (WI 20a. Method of Disposition	FE)			RENGO S	STREET A	NNAPOLIS,		21401 cation - City		State
Baltimore,	Pages net: If its ary or of		1 ☑ Burlei 2 ☐ Cremetion 3 ☐		cemete	ry, creme	story or other p						
=======================================	it. Pertant		4 Donetlon 5 Other (Speci		MARYLA				1/3/97		WNSVII	LLE, M	10.
Ba	permit. Pages 1 and Department of Heelth Important: If Item 27 any injury or other tr 2006.		21. Signeture of Funerei Service Lice	Reese -					MORTUARY APOLIS, N				
			23a. Pert1. Enter the disease, or com shock, or heert failure. List only	plications that cause	the deeth. Do							Appr	roximete rval Between
	Physician		onesia or noon and or cony									Ons	et end Deeth
	/Medical Examiner		Immediate Cause (Finel disease or condition	META	SM-TIL	PA	LOSTOT	E CA	hour.			lea	sthy
	Examine	L	resulting in deeth)	0.	Due to (or as e	-							8 /
_	be sig	ine		b								1	
-	al-tran	Examiner	Sequentially list conditions, if any, leading to immediate		Due to (or es a	consequ	ence of):						
68760,	death certificate be executed e attending physician and ed for use as the burial-transit	Medicai E	cause. Enter Underlying Cause (Diseese or Injury thet initiated events resulting in deeth) Lest	C	Due to (or as e	conseque	ence of):						
Box 6	r certificand in a season as as		L	d									
Ď.	that the death cer ed by the attendir detached for use	Physician/	Pert II. Other significant conditions of	contributing to death b	ut not resulting	in the unc	tertving cause of	iven in Pert I	23b. DI	d tobacco	use contrit	bute to the	cause of death?
0.	t the by th tache	hys					, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					4 □ Unknown
	res the igned be del	by F											
Records,	law requires that the as been signed by the 2 should be detache								24e. We	es en autop	osy 2	4b. Were au	utopsy findings e prior to
ec ec	has be	pie							-			complet of death	tion of cause
Œ.	0 5 5	Completed							10	Yes 2	No	1 🗆 Yes	2 □ No
ita	ucian: The certificate rector, pag	Be (25. Was case referred to medical exeminer?					26. Plece of	Deeth (Check only	y one)			
>	Physician: rthis certific rral director,	2	1 Yes 20 No	Hospitel:	ent 2 ER/O	utpatient	3□ DOA	Other: 4 Nursin	g Home 5□Re	siden <i>ce</i>	B □Other (Specify)	
2	Attending Physic death. Sector: After this by the funeral	ë.	27. Menner of Death 1 D Neturel 5 ☐ Pending	28e. Dete of Inju (Month, De	ry Year) 28b.	Time of Injury	28c. In	ury at ork?	28d. Describ	e how injur	y occurred		
Sio	Attending or death. octor: After by the fune	cati	2 Accident investigetion 3 Sulcide 8 Could not be				M 1	Yes 2 No					
Division of Vital	2442	ertification:	4 Homicide determined	289. Piece of th	ury - At home, for c. (Specify)	erm, stree	et, fectory, offic	9	28f. Location City or T	(Street an Town, Stete	d Number o	or Rural Rou	ite Number,
_	ours ours filled	O	29e. Certifier 15 Certifying Pi	yeicfan: To the best	of my knowledn	e deeth	occurred at the	time, dete and ni	ece, and due to th	e callee(s)	and manne	or se etotod	2 2 2 20
	Hou 124 h Fur ietely	edicai		niner: On the basis of end menner st	examinetion ar	nd/or inve	estigetion, in my	opinion, deeth o	ccurred et the time	e, dete end	plece, end	due to the	ceuse(s)
	To the Hospital of within 24 hours of To the Funeral D completely filled	Me	29b. Signeture end title of certifier				29c. Lice	nse number		29d. Dat	te signed (M	fonth, Day,	Yeer)
			150				D	41698		12	127	191	
			30. Neme and eddress of person who	completed cause of c	leeth (Item 23a)	(Type, P	rint)	., 370		7		/ 0)
			STOPHEN C. 12.	milyon,	mo	205	RIDL	FLY A	v. Ann	OSTAI	41.	MO	21401
	Sta		31. Dete filed (Month, Dey, Year)	32. Regin	Signature	30	m2.00		v, Ann				
	Registr	ar	DEC 3 0	סבבו	W. Frankran	ar-No	A BARBER						

State Registrar 31. Date filed (Month, Day, Year)
DEC 31 1996

1ARGDAINS

30, Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)

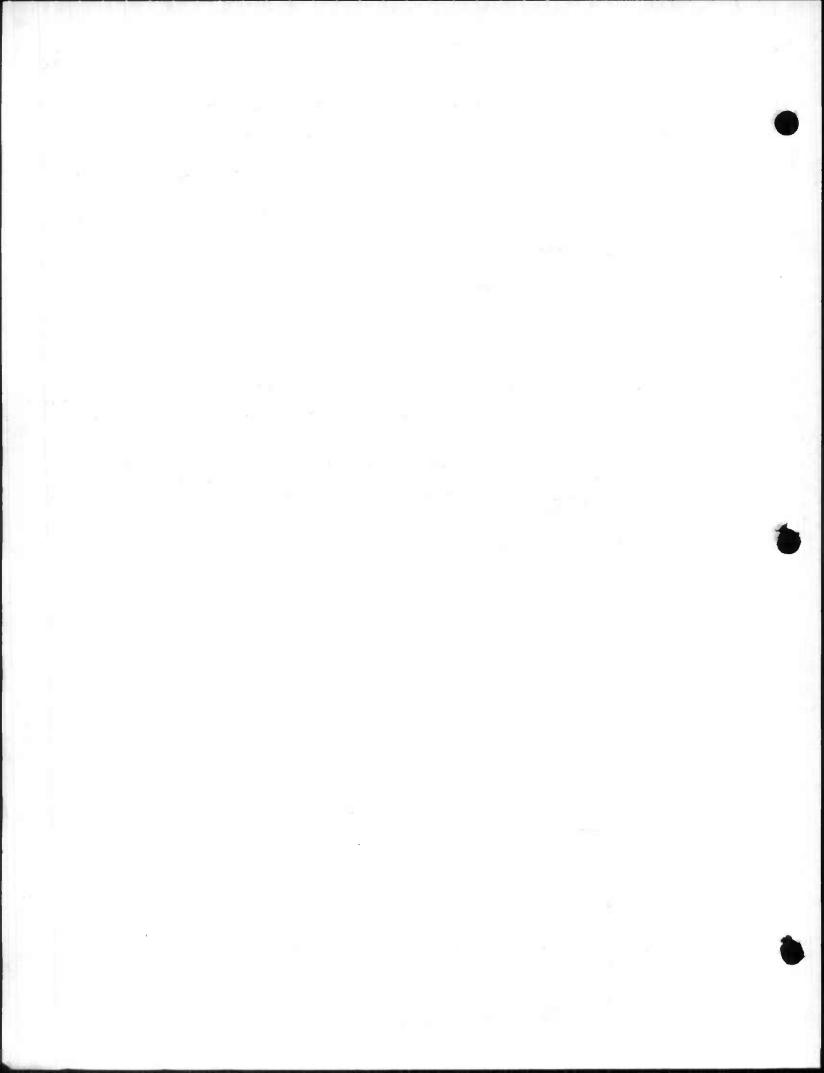
32. Registrar's Signature

Julia Tavidson Pandose

O.C.M.E.

W Note 111 Penn Street, Baltimore, Maryland 21201

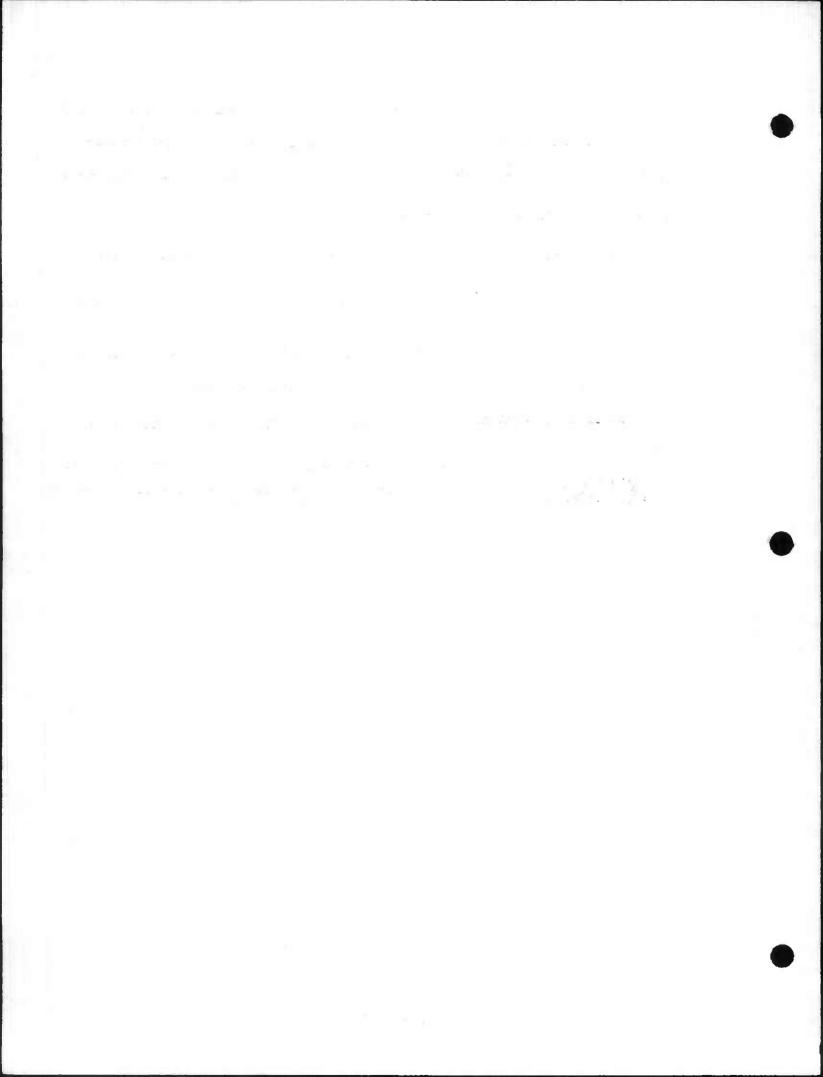
DECEMBER 26, 1996



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					,	Cert	ificate o	f Death	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Reg. No.	6 4096	4
	51		1. Decedent's Neme (First, Middle, Li	nst)					2. Date of D	eeth	3. Time of Do	eeth
	Physici /Medi			Helen S	weele	y Gorn	nan		Decem	ber 30,	1996 1:50	pm
	Examir		4a. Facility Nema (If not institution, gi			, 001.		4b. City, Town, or				Pill
	EXUITIN		Anne Arundel Med	ical Cente	r			Annapoli	is	Anne	Arundel	
	Funeral				e (In yrs. le	st birthdey)	If Undar 1 Ya	ar If Undar 24 Hrs	s. 8. Dete of Bi			oraign
	Director		227-34-2289 Usuel Residance of Decedant	1 TIM 2 TYE	89	Yrs.	Months De	ys Hours Min	Jan. 5	ey, Year) , 1907	9. Birthplaca (Stata or F Country) New York	
	dand		10e. Stete 10b. County		10c. City,	Town or Loca	ation				10d. Inside City	Limits
	Mary	ō	Maryland Anne A	rundel	Anna	apolis					1 🖫 Yes 2	□ No
	128 the	9	10e. Street and Number				10f. Zip Code	9		10g. Citizan of	What Country?	
	h with	Funeral Director	705 Americana Dr	<i>.</i> #48			21403	3		United		
	deat	ner	11. Marital Status	12. Wes Decedent		. 13. W	es Decedent o	of Hispanic Origin? (auben, Mexican, Pue	Specify Yes or N	o- 14. Red	e - American indlen,	
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or hems 23a or 28a-f show important: if item 27 is marked other than "natural", or hems 23a or 28a-f show hy holiup or other traumatic avent, the Medical Examinat must be notified at once.	by Fu	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1 Yas 2 if Yas, Give Yeer or Detes:			Yas, specify C		no Hican, etc.)		ck, White, etc. White	
0	2 hor	Completed	15. Decedent's E	ducation		16e. Decede	nt's Usuai Oc	cupation		16b. Kind of B	usiness/industry	
215	nin 7	ple	(Specify only highest gr Elemantery/Secondery (0-12)	ada completed) College (1-4or :		(Give ki	ind of work do O NOT use ret	ne during most of wo ired)	orking			
2	d wit	mo:	12	College (1-401)	, ,	Clerk	of the	Court		City of	Alexandria	, Va
	of the	BeC	17. Fether's Neme (First, Middle, Las	")				18. Mother's Ne	ema (First, Middle	, Maiden Sumen	10)	
<u>a</u>	Menta Ked Ked	ToB	Edward A. Sweel	ey .				Eileen	Flanaga	n		
Maryland	should be filed withing and Mental Hygiene. is marked other than aumatic avent, the Mental Cavent, the Mental Cavent, the Mental Cavent, the Mental Cavent, the Mental Cavent, the Mental Cavent, the Mental Cavent, the Men		19e. Informent's Neme/Reletionship			19b. Melling	Address (Stre	eet and Number or F	Rural Route Numi	oer, City or Town,	Stete, Zip Code)	
	1 and 2 Health a em 27 is		Anne Mattingly	(daughter)		100 8	Severn	Ave. #308	Annapo	lis. Md.	21401	
Baltimore,	f Head		20e. Method of Disposition		20b. Pie	ce of Disposi	tion (Name of		Dete		City or Town, State	
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	permit. Page Department of Important: If any Injury or once.		21. Storuture of Eureral Service Lice	**	SE.		S Cemet	dress of Fecliity	1-2-97	Alexan	dria, Va.	
Ba	Depa Impo any l		- W)(() C			Tol	n M T	'aulor Fun	eral Ho	me, Inc.	147 Duke of	£
	_		23a. Part1. Entar tha disease, or con ehock, or heert fellure. List only	plications thet caused	the death.	Do not enter	tha mode of	er St. Ann	apolis,	Md. 214	O1 Approximate	
	Physician		ehock, or heert fellure. List only	one ceuse on eech ii	ne.						Interval Betwee	en eth
	/Medical		Immediete Ceuse (Finei	71.	11 .	D	1	61			2 year	(
	Examiner		disaasa or condition rasulting in deeth)	e. Ichoj	74/41	14	Imono	17 1191	0515			/
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,	death certificate be executed e attending physician and of for use as the burial-transit	Exa	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events		Due to (or e	es e conseque	ence or):				ì	
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ğ	eath cer attendin I for use	cla							1			
P.O.	y the check	Physiclan/	Part ii. Other significant conditions	contributing to death b	ut not result	ling in the und	lerlying cause	given in Pert i.			ntribute to the cause of o	
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Vital	Physician: The this certificate rel director, per	Be	25. Wes casa referred to medical examinar?						eth (Check only	one)		
of	S S D	2	1 □ Yas 2 □ No	Hospitel: 1 Napatie		R/Outpatient	3LI DOA		Home 5 ☐ Res	ldanca 6 □Oth	er (Specify)	
n	fter t	:uo	27. Manner of Death 1 Natural 5 ☐ Pending	28e. Dete of Inju (Month, De	ry 2 y Year) 2	8b. Time of injury	28c. ir	ijury at Vork?	28d. Describe	how injury occur	red	
0	Attanding or death. ector: After by the fune	ath	2 ☐ Accident investigetion	n			M 1	☐ Yes 2 ☐ No				
Division	r Att	Certification:	3 ☐ Suicide 6 ☐ Could not be determined		ury - At hom	ne, ferm, stree	et, fectory, offic	ж	28f. Location City or To	(Street and Numb wn, Stete)	per or Rural Route Number	r,
0	o last o	S										
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	(Check only 2 Medical Exal	nysician: To the best of miner: On the basis of	examinetio	edge, deeth o	occurred et the stigetion, in m	time, dete end plec y opinion, deeth occ	e, end due to the urred at the time.	cause(s) and ma dete end pieca.	anner as stated. and due to the cause(s)	
	the the	Med	anej	end menner sta	ated.							
	5 × 5 %		29b. Signeture end title of certifier	0/2				ense number			d (Month, Dey, Year)	
			1 Kuling/	Velun	MD		100	4804		12.30	1-96	
			30. Name end address of person who			23a) (Type, Pr	rint)	,	,	1	/	
				Peterson.		00 10	2 djel	4804 4 tre	111141	odis me	1 2140/	
	Sta		31. Dete filed (Month, Dey, Year)	32. Registro	er's Signetu	ra 20	,		,		,	

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 40965 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Death **Physician** 90ug LAINE STEN 2239 ec /Medicai 4b. City, Town, or Location of Deeth ility Neme (If not institution, give street end number, 4c. County of Dean Examiner rupde GeN If Under Pyear 10115 If Under 24 Hrs. 5. Sociel Security Number Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Deys Months Hours 1 ☐ M 2 💢 F Yrs. **Director** 217-96-3216 Jan 24 1981 15 Maryland Usual Residence of Decedent the Meryland 10a. Stete 10b. County 10c. City, Town or Location Show 10d. Inside City Limits trsumstic svent, the Medical Examiner must be notified at Director 1 ☐ Yes 2 ☐ No 28a-f Annapolis MD Anne Arundel 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? ò Items 23a 1155 Ramblewood Drive 21401 United States Funeral 12. Wes Decadent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck. White, etc. 12 should be filed within 72 hours efter in end Mental Hygiene. 1 Never Married 2 Married 1 ☐ Yes 2 ∑ No If Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2XXVo by 3 ☐ Widowed 4 ☐ Divorced Specify. White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) High School 10 Student 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be permit. Pages 1 end 2 should be t Department of Health end Mental I Important: If Item 27 is marked of any injury or other trsumatic sve 2 Evelyn Marie Cole John Henry Gough, Jr. 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) John Henry Gough, Jr. Father 155 Ramblewood Drive Annapolis, MD 21401 20b. Pleca of Disposition (Neme of cametery, cremetory or other place) 20c. Location - City or Town, State Dete ty Burlet 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Ft. Lincoln Cemetery Dec. 30, 1996 Brentwood, Maryland 22. Name and Address of Fecility John M. Taylor Funeral Home, Inc. 147 Duke of Gloucester St. Annapolis, MD 21401 14 / Duke of Gloucester St. A 23e. Pert1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Physician /Medical Immediate Ceuse (Final Minute diseese or condition resulting in deeth) Examiner Examiner iclan and burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) P.O. Box 68760, physician s the buria Physician/Medical Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown page 2 should be de Records, þ Be Completed 24b. Were eutopsy findings evallable prior to completion of cause of deeth? 24e. Was an eutopsy performed? 2 No certificate 1 ☐ Yes 2 ☐ No of Vital i or Attending Physician: after death. Director: After this certifica 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ★ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To filled in by the funeral 28b. Time of injury 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28c. Injury et Work? Division 5 Pending investigation 1 Natural 12-26-96 1 Yes 2 No Collision Motor Vehicle 2 Accident 2152 6 Could not be determined 3 ☐ Suicide 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide MI within 24 hours a

To the Funeral C

completely filled Hospitai 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner as steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner steted. cai ŝ 29b. Signeture and title of certifier 29d. Dete signed (Month, Dey, Year) Cour ause of death (Item 23e) (Type, Print) ONE , mo

State Registrar

31. Dete filed (Month, Day, Year)

DEC 3 1 1996

32. Registrer's Signeture

Achia Davidso

DHMH 16 Rev 6/95

Made a first the first that the second state of the

1. Decedent's Name (First, Middle, Last)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

2. Defe of Deeth

40966

3. Time of Death

8	Physic /Medi		Elsie	Evely	n Hymes							DECEMB	ER 23 1	996	3:10 PM
	Exami		4a. Facility Neme (If	not institution, giv	e street end number,					4b. City, To	wn, or Lo	cation of Death	4c. County	of Death	
			Sacred H	eart Hos	pital					Cumber	rland	i	Alle	gany	
	Funeral Director		5. Social Security No. 220-30-79	63	ex 7. Ag	ge (In yrs. last b 65		if Under Months	1 Year Daya	If Under Hours	24 Hrs. Min.	6. Dete of Birt (Month, Da Octobe	h <i>y. Year)</i> r3,1931	Cour	place (State or Foreign ofry) Land
2	*_		Usual Residence of 10a. Stete	10b, County		10c. City, Tox	wn or Loca	ition						1	0d. Inside City Limits
Annak	show at at	5													1 ☐ Yes 2030No
4 044	1	Director	Maryland	Allegan	У	Flints	stone	10f. Zip	Codo			T	10g. Citizen of 1	Affron Cour	
4	0.8	ă			Dood N E			215					U.S.A.	rmat Cour	лгуг
thee	23	era	13001 GT	eenride	Road N.E		12 W			dienanic Ori	lain? /Sne	cify Yes or No		a - Americ	en Indian
within 72 hours after death with the Mandage	A Health and Mental Hygiene. The mountain or frems 23a or 28e4 ehow other traumetic event, the Medical Examiner must be notified at	by Funeral	1⊠ Never Marrie		Armed Forces 1 Yes 2 If Yes, Give Yeer or Dates:		if '	Yes 2	ify Cub	an, Mexicar	n, Puerto I	Rican, etc.)	Bie	ck, White, y: Whit	etc.
5	E G	i de		15. Decedent's Ed		188	. Decede	nt's Usua	Occup	oation			16b. Kind of B	usiness/Inc	dustry
d within 7	Health and Mental Hygiene. em 27 is merked other than "natural", ther traumatic event, the Medical Exa	Completed by	Elementary/Secor	fy only highest gra ndary (0-12)	Collega (1-4or	5+)	life. Do	na of wor O NOT us	k done e retire	'		employe	d		
e file	H H	Be C	17. Father'a Name (First, Middle, Last)						18. Motha	ar's Name	(First, Middle,	Maiden Sumen	19)	
J.	Aenta rked tic e	ToE	George	William	Hymes					0ra	(Olive	Bennett		
sho	am a		19a. Informant's Na	me/Reiationship (Type, Print)	19	b. Mailing	Address	(Street	and Number	er or Rura	I Route Numbe	er, City or Town,	State, Zip	Code) 21530
poe	alth 27		Grant L	. Hymes/	Brother	13	3705	Gree	nri	dge R	d.,N.	.E.,Fli	ntstone	, Mar	yland
1 80	H TE		20e. Method of Disp	osition		20b. Place cemer	of Disposi	tion (Nam	ne of ther pla	ca) Dec	ember	26,199	620c. Location -	City or To	wn, State
Panes	int: If I			5 ☐ Other (Specifi	Removai from Stafe ()	Fairvi							Inglesi		
Darmit	Department of Health Important: If Item 27 eny injury or other trongs.		21. Signature of Fur	Service Licen	1000		22. Mer	Neme end	d Addre	es of Fecilit	y unera	al Home			
			23a, Pagy, Enter th	o disease, or com-	plications that cause one cause on each li	d the death. Do	not enter	the mode	atu e of dvi	r Str	cardiac o	Cumber L	and, Ma	rylar	Approximata
1	hysician /Medical xaminer	er	immediate Causa (f disease or condition resulting in death)	inal	a. ACUTE	RESPIRA Due to (or as a	ATORY conseque	FAI						1	Interval Between Onset and Deeth
per	ansit	튙			b. CARDIO	DGENIC S		9						2	days
AXBCI	n and ial-tra	Examiner	Sequentially list con if any, leading to important causa. Enter Under Cause (Disease or lithet initiated events	ditions, mediate	CARDI	Due to (or as a									3
90	slcla e bur		Cause (Disease or Intermediate that initiated events	njury	C	Due to (or as a									days
ificat	of the	B	resulting in death) L	ast											
death certificate be executed	attending physician and for use as the burial-transit	sician/Medical		-	d. PROGRI	ESSIVE S	SYSTE	MIC	SCL	EROSI	S			40	years
dea	00	slci	Part if. Other signific	cant conditions of	onfributing to death b	ut not resulting	in the und	erlying ca	ause giv	en in Part I	l.	23b, Dld 1	obacco use co	ntribute to	the cause of death?
s that the	ed by t	by Phy										10	Yes 2 No	3 □ Prol	bably 4 Unknow
e law requires th	as been s 2 should	Completed										24a. Was perfo	an autopay med?	av	ere autopsy findings ailable prior fo mpletion of cause death?
The	pad	S										101	res 2 No	10	☐Yes 2☐ No
Physicien:	certificate rector, pa	Be	25. Was case referre	ed to medicai							of Death	(Check only o	ne)	-	
Ž	this c	မ	1 Yes 2 X N	No.	Hospitai: 1 X Inpati		utpatient	3□ DO		4 🗆 140	rsing Hor	ne 5 Resid	dence 6 Oth	er (Specif	v)
Attending P	i je	Certification:	27. Manner of Death 1 Natural 2 Accident	5 Pending invastigation		y Year) 28b.	Time of Injury	М 28	Bc. Injui Woi 1	yat rk? Yes 2□		28d. Describe I	now injury occur	red	
6	24 hours after death. Funeral Director: A etely filled in by the f	Certific	3 Suicide 4 Homicide	6 Could not be datarmined	28a. Piace of In building, et	ury - At home, f c. (Specify)	arm, stree	t, factory,	, offica		2	28f. Location (S City or Tox	Street and Numb vn, State)	per or Rura	il Route Number,
e Hospital	hin 24 houn the Funera npletely fills	edical (29a. Certifier (Check only one)	1X Certifying Ph 2☐ Medical Exam	ysician: To the best ninar: On the basis o end menner st	f examination at	e, death o	ccurred a stigation,	it tha fir in my c	ma, date an opinion, daa	d placa, a	and due to the e	cause(s) and ma data end pleca,	anner as si and due to	ated. the cause(s)
the c	thin of the sample	Me	29b. Signature and f	itie of certifier	1 1 .			290	Licens	e number			29d Date signe	d (Month	Day Year)

To the Hospital or Attending P within 24 hours after death.

To the Funeral Director; After completely filled in by the funer

Registrar

29b. Signeture and fitte of certifie

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) RAGAA FADL, M.D. 921 SETON DRIVE CUMBERLAND MARYLAND 21502

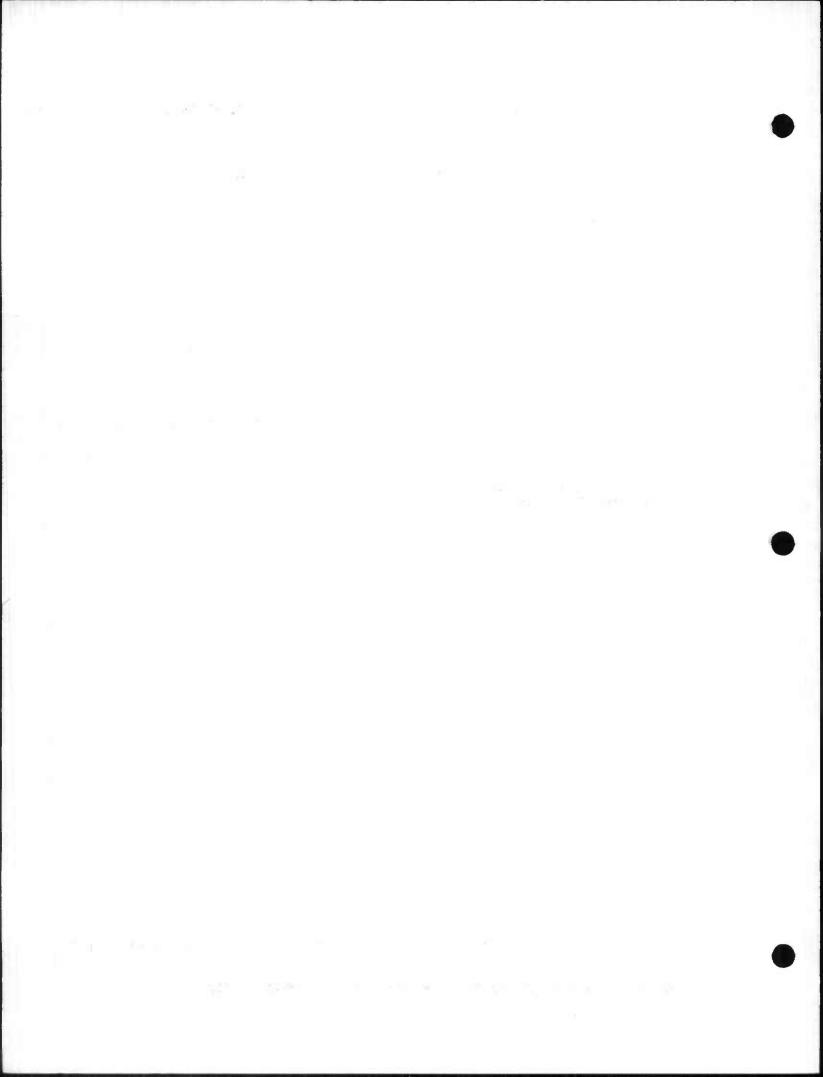
D16150

29c. License number

29d. Dete signed (Month, Day, Year)

DECEMBER 24 1996

31. Date filed (Month, Day, Year)
DEC 2 7 32. Baistrar's Signature



State of Maryland / Department of Health and Mental Hygiene 96 40967

					C	ertificate o	f Death	R	eg. No.	9	1030.
			1. Decedent's Neme (First, Middle, Last)					2. Dete of Deet Month		Year	3. Time of Death
	Physic /Medi		WILLIAM ADRIA	N HAMILT	ON			The second second	Dey ER_25_1		6:22PM
)	Exami		4a. Fecility Neme (If not institution, give :	street and number)			4b. City, Town, or L		4c. County		
			SACRED HEART H	OSPITAL			CUMBERI	LAND	ALI	EGA	NY
	Funerai Director		217-10-4273	7. Age (in	yrs. last birthdi 74 Yrs	Months Dev		8. Dete of Birth (Month, Day, APRIL	Year) 22,192	9. Birthp Cour 2 2 V	piece (Stete or Foreig ntry) IRGINIA
	and *		Usuel Residence of Decedent 10a. Stete 10b. County	100	City, Town or	Location					10d. Inside City Limits
	Aarylan f show	ŏ	MARYLAND ALLEG			VALE					1 ☐ Yes 2 ☒ No
	the 28s	Director	10e. Street end Number	11111	511	10f. Zip Code		1	0g. Citizen of W	What Cou	ntrv?
	th with	al Di	923 NATIONAL H	IGHWAY		215			USA		, .
21215-0020	d within 72 hours after death with the Manyland Jena. r than "natural", or items 23s or 28=1 show the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 Never Merried ***Married 3 Widowed 4 Divorced	12. Wes Decedent Ever Armed Forces? 1 XYes 2 □ No if Yes, Give Yeer or Detes: WW		3. Wes Decedent of If Yes, specify Cu	t Hispanic Origin? (Spuban, Mexican, Puerto o Specify:	pecify Yes or No- p Rican, etc.)		ck, White,	can Indian, etc.
5-0	72 ho	Completed	15. Decedent's Edu	cetion	16e. De	cedent's Usuei Occ	upation	kla a	16b. Kind of Bu		
21	within 7 ena. than "r	ple	(Specify only highest grade Eiamentery/Secondery (0-12)	College (1-4or 5+)	life	e. DO NOT use reti	e during most of work red)	King			
2	filed with Hygiena. Ither than	Con	12	4	Pl	RODUCTIO	N WORKE	R	RUBB	3 E R	
Maryiand	0 E 0 >	Be	17. Fether's Neme (First, Middle, Last)					ne (First, Middle, M		-	V C E D
yia	should be and Mental marked or umatic ave	2	PHILBERT IRA H					E VICTO			
Jar	2 6 6 7		19a. Interment's Neme/Raletionship (Type	pe, Print)			et and Number or Ru				
	Health Free Tr		GENEVA HAMILTO			3 NATION sposition (Name of	NAL HIGH				
Baitimore,	Page nent o int: If i		20e. Method of Disposition 1 ⊠ Burial 2 ☐ Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	emovei trom Stete	cemetery, c	cremetory or other p	AL PARK	DEC	CUMBE		
Bail	permit. Page Department: Important: if any injury or once.		21. Signeture of Funerel Spring license	b Hat		1302 NAT	HAPEL OF	WY. LA	VALE.		ARY 21502
			23a. Part1. Enter the distance, or complications of shock, or heart talluration ist only on	cetions thet ceused the e ceuse on each line.	death. Do not	antar the mode ot d	ylng, such es cerdiec	or respiretory error	est,	1	Approximata Interval Between
	Physician /Medicai Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)	Coeons	-	HOTERY	DISEAS	£			Onset and Deeth
		ě		0:	to (or als e con		(114		1	10 JENOU
	betra:	Examiner	Sequentially list conditions	DUE	to (or es e con:	1	osclere	2815	-	i_	しいたらられ
Ó	an an		Sequentielly list conditions, if eny, leeding to Immediate ceuse. Entar Underlying Ceuse, (Disease or Injury		(0. 00 0 00	55455755 513					
68760,	te be	Cal	Ceuse (Diseese or Injury that initiated events resulting In death) Lest	. Due t	to (or es e cons	sequence of):				-	
99 xo	n certificate be assecuted inding physician and use as the burial-transit	n/Medical	resulting in death) test								
ω.	the attenthed for u	Icla	Part II. Other algnificant conditions con	tributing to death but not	t resulting in the	a underlying cause i	niven In Pert I	23b. Did to	bacco use cor	ntribute t	o the cause of death
s, P.O	ed by detac	by Physician	END STAGE F	RENA DI	sens	ξ		1 🗆 Y	-		bably 4 Unknow
Records,	.≘ •0 D			VASCUL				24e. Was a perform		24b. W	ere autopsy tindings
000	- 11 W	plet	PERIPHERAL	VASCUI	AQ V	D'SEASE		periori	1601	ÇO	mpletion ot cause death?
	0 - 6	Completed	HYDOODNE					1□ Ye	es 28 No	1[□Yes 201No
Vitai		0	25. Wes case ratarred to medicei				26. Plece of Dee	th (Check only on			
\	5 00 0	To B	exeminer? 1 ☐ Yes 2 ☐ No	ospitel:	2 ER/Outpai	tient 3 DOA	Wher	ome 5 Reside		er (Specil	fy)
ion of	fing After fune	1 1	27. Mennar of Deeth 1 Avaturei 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Day Yea	28b. Time Injur	y W		28d. Describe ho			
Division	크등등	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicida determined	28a. Piece of Injury - building, etc. (Sp.	At home, ferm, pecify)	street, fectory, offic	9	28f. Location (St City or Town		er or Rura	al Route Number,
	To the Hospital within 24 hours a To the Funeral Completely filled	edical	29e. Certifiar 1 Certifying Phya (Check only one)	Iclan: To the best of my er: On the basis of exar and menner steted.	knowledga, da ninetion end/or	ath occurred et the Invastigation, In my	time, dete end piece, opinion, deeth occur	, end due to the corred et the time, de	suse(s) and ma ete end piece, s	nner as s and dua to	itated. o the cause(s)
	TA TO SOME	M	29b. Signeture end title of certifier	-CXX)	29c. Lice	31875		9d. Dete signed DECEMBE		
	39/5		30. Nema end address of person who co	moleted cause of deeth	(item 23s) (Tyr	ne Print)	~ WIW				

WELIK, ROBERT, M.D. 902 SETON DRIVE CUMBERLAND, MD.

31. Dete filed (Month, Dey, Year)

32. Degistrer's Signature

DEC 2 7 1996

21502

State

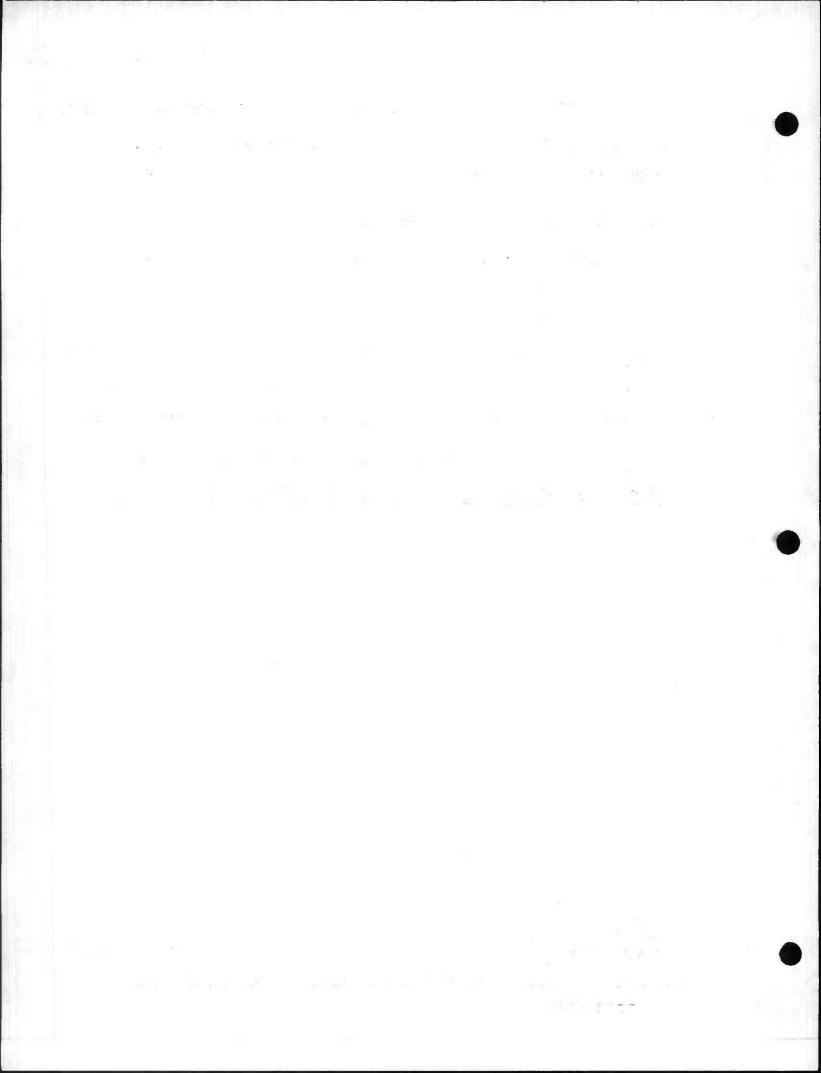
Registrar

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State of Maryland / Department of Health and Mental Hygiene 96

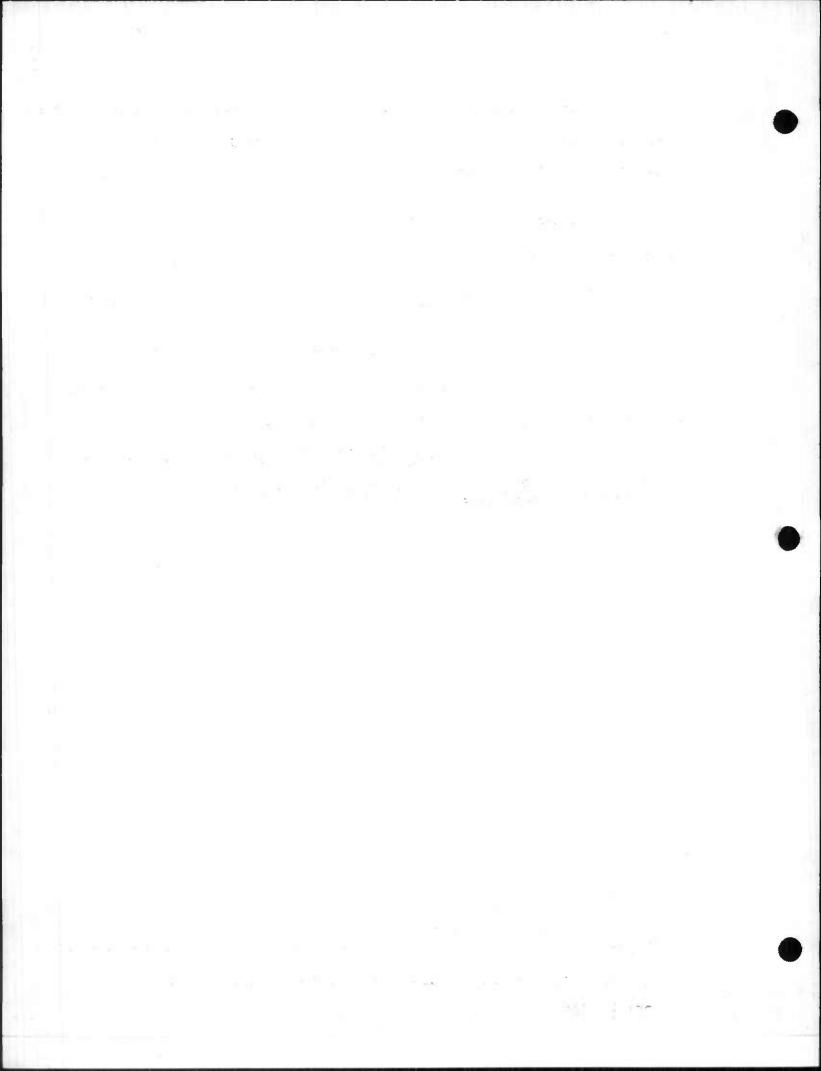
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					Certific	ale UI	Dealli		Reg. No.		
		dent's Name (First, Middle	, Last)					2. Date of De	eth	Vees	3. Time of Deet
hysician /Medical	_	OL	IVER Andr	ew	HANS	ON			ber 26.	1996	12:25 pr
xaminer	4 40 4	ity Name (If not institution	, give street and number,)			4b. City, Town, o	r Location of Deat			12.25 pi
		morial Hospi	tal				Cumber	land	Δ116	egany	
neral		Security Number	6. Sex 7. A	ge (In yrs. lasi		der 1 Year	if Under 24 Hi	s. 8. Dete of Bi	rth		ace (State or Form
ector		7-36-6770	1½ M 2 □ F	90	Yrs. Mont	hs Deys	Hours Mi		14, 1906	Mon	
umatic event, the Medical Exercises must be notified at To Be Completed by Funeral Director	10a. Ste	te 10b. County		10c. City, T	Town or Location					10	d. Inside City Lin
i i	5 N	d. Allega	nv	F1	lintstone						1 Yes 20
or 288-18 be notified Director	10e. Str	eet end Number	illy	1.1		Zip Code			10g. Citizen of	What Counts	w?
3 0		06 71:	0 1 7 1	N . E							,
natural, or name 23s of 28s-1 show social Explainer must be notified at letted by Funeral Director	214 11 Mari	06 Flintstor tal Status	12. Was Decedent			L530	lispanic Origin?	Specify Ves or No		S.A.	n Indian
	1	Never Married 21 Marri	Armed Forces	?	if Yes, s	pecify Cubi	en, Mexican, Pue	Specify Yes or No irto Rican, etc.)	Bla	ick, White, e	
, A		Widowed 4 □ Divorcad	if Yes, Give Year or Dates:		1 ☐ Yes	2X No	Specify:		Specil	y: Whit	te
7		15, Decedent		1	I6a. Decedent's U	Isuai Occur	etion		16b. Kind of B		
it, the Medical	5	(Specify only highes	t grade completed)		(Give kind of life. DO NO	work done	during most of w	orking	Too. Kind of B	usine saving c	istry
	Elem	entary/Secondary (0-12)	College (1-4or		Dealers				Auto &	Farm	Equipme
S P		er's Name (First, Middle, L	.ast)		Dealers	тър	18. Mother's N	ame (First, Middle			ndarbuc
Be C	i _	heodore	Α.		Hanson		Marit			elgemo	
To	•	ormant's Name/Relationsh		Τ.		(0)					
traum		ne Teeter	(daughter)					Ru <i>ral Route Numb</i> k Rd.N.E			
other traumatic		thod of Disposition	(daughter)		e of Disposition (i		Me Clee				
0		Burial 2 Cremation	3 □Removal from State	0.000	etery, crematory	or other place	ce)	Date	20c. Location	- City or Tow	m, State
A S		Donation 5 ☐ Other (Sp		Glen	dale Cem	netery	Dec.	30, 1996	Flintst	tone,	Md.
any injury or other	21. Sign	ature of F) neral Service L	icensee				ss of Facility	1 11			
: 8 8		tolent ().	0.0.)				eral Hom umberlan		21502	
11 28 10	23a. Ps	rt1. Enter the disease, or o	complications that cause	d the death. [Approximate
iclan	SII	ock, or heart failure. List o	inly one cause on eech ii	ne.							nterval Between Onset and Death
dical		te Cause (Finel	Teeler	- d - C		. 4. 1					Vanna
iner	resulting	or condition In death)	e. Ischen		rdiomyopa	-]]	Years
<u>ة</u>				D06 10 (01 as	e consequence	or):					
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ua L	Cogues	is the flat conditions	b	Due to /or se	a consequence	nf1-				1	
ial-transit Examiner	Sequen if eny, le	ially list conditions, eding to immediate	b	Due to (or as	a consequence	of):					7
		ially list conditions, eding to Immediete Enter Underlying Disease or Injury ated events	b								
the bur	Cause (that initi resulting	ially list conditions, eding to immediate Enter Underlying Disease or Injury ated events in deeth) Last	b		a consequence o						7
as the bur	Cause (that initi resulting	ated events	c								
as the bur	Cause (that initi resulting	tion deeth) Last	c	Due to (or as	e consequenca c	of):					
as the bur	Cause (that initi resulting	ated events	b. c. d.	Due to (or as	e consequenca c	of):	en in Part I.				the causa of dea
as the bur	Cause (that initi resulting	tion deeth) Last	c. d.	Due to (or as	e consequenca c	of):	en in Part I.				he causa of dea
be detached for use as the burner by Physician/Medical	Cause (that infiresulting	tion deeth) Last	d	Due to (or as	e consequenca c	of):	en in Part I.	10	Yaa 2KI No	3 Proba	bly 4 🗆 Unkn
be detached for use as the burner by Physician/Medical	Cause (that infiresulting	tion deeth) Last	b. c. d.	Due to (or as	e consequenca c	of):	en in Part I.	1		3 Proba	e eutopsy finding
should be detached for use as the burleted by Physician/Medical	Cause (that infiresulting	tion deeth) Last	d	Due to (or as	e consequenca c	of):	en in Part I.	1	Yaa 2K No	3 Proba	bly 4 Unkn
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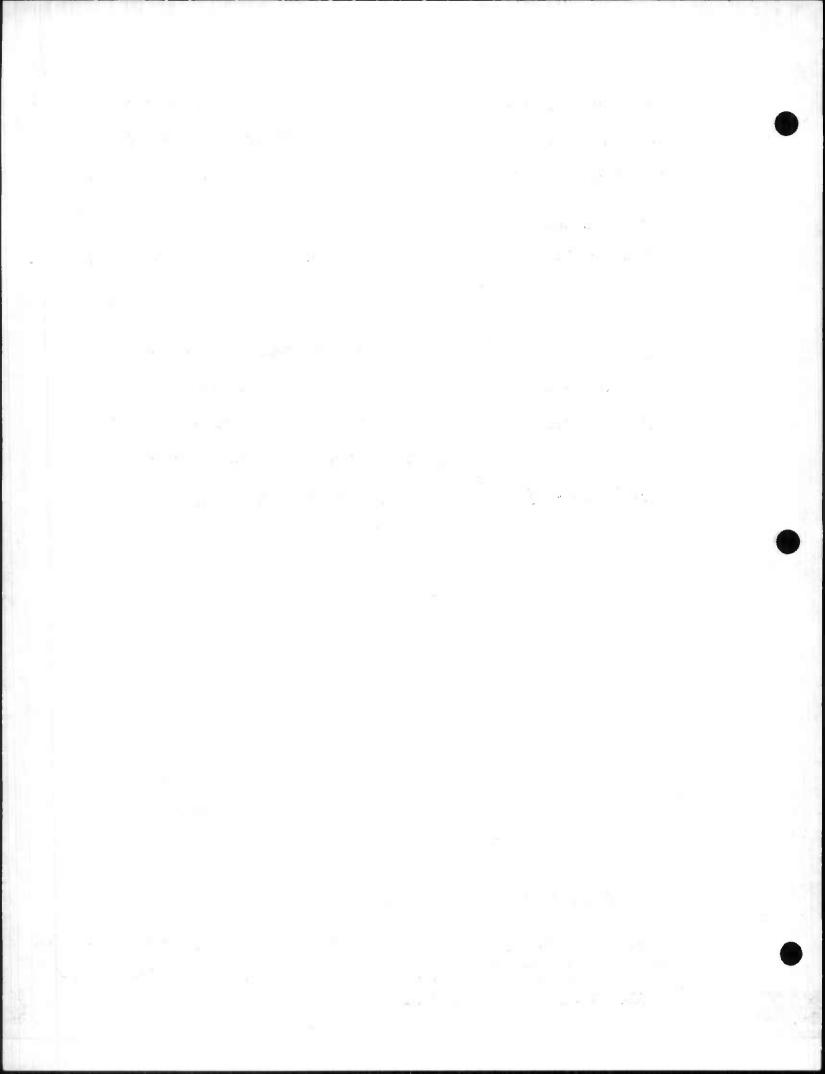
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	9/11		30. Nama and addre	ass of person who	comptated caus	a of daath (Ital	m 23a) (Type,	Print)						
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended #1, 1/2/97, DBS, Allegany Count State of Maryland / Department of Health and Mental Hygiene 40970 Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Data of Deeth 3. Time of Deet Month 30, 1996 **Physician** ETHEL DORCUS HALLER DECEMBER /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ALLEGANY WESTERNPORT MORAN MANOR NURSING HOME If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number If Under 1 Year 6. Sax 7. Age (In yrs. last birthday) Funeral Birthplace (State or Foreign Country) 1□M 200 F Months Days Yrs 93 Director FEB. 25 1903 BARTON, 218-16-2742 MD. Usual Residence of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show items 23a or 28a-f show ner must be notified at 1 ☑ Yas 2 ☐ No Director MARYLAND ALLEGANY BARTON 10e. Street and Number 10f. Zin Code 10g. Citizan of What Country? P.O. BOX 283 21521 Funeral UNITED STATES 12. Was Dacadant Ever In U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Giva Yaar or Datas: Was Dacadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puarto Rican, atc.) 14. Rece - American Indien, Bleck, White, etc. 11. Marital Status "natural", or items permit. Pages 1 and 2 should be filed within 72 hours effer c Department of Heelih and Mental Hygiena. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Examines Ange. 1 Never Marriad 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: Completed by 3 Widowed 4 Divorced WHITE 16a. Decadant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) Collega (1-4or 5+) SOCIAL SERVICE WORKER 12 GOVERNMENT 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnema) Be HENRY McDONALD BESSIE MILLER 19a. Informent's Name/Ralationship (Typa, Print) 19b. Mailing Address (Straat and Numbar or Rurel Routa Number, City or Town, Stata, Zip Code) SHIRLEY STEWARD KNOB ROAD, CUMBERLAND, MD. 21502 20b. Place of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☐ Crametion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) LAUREL HILL CEMETERY 1-2-97BARTON, MD. 21. Signatura of Funaral Servica Licansa 22. Nama and Addrass of Facility BOAL FUNERAL HOME 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Batwaen Onsat and Deeth Physician · aspiration Immediate Ceusa (Finat disaasa or condition rasulting in daath) /Medical pneumonis **Examiner** d W105 The law requires that the death certificate be asscuted burial-transit Sequentially list conditions, if eny, laading to Immadiata causa. Entar Underlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Due to (or as a consequence of) P.O. Box 68760. Physician/Medical the Dua to (or as a consequanca of): USB BS Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown domonto Records, 90 24b. Wara autopsy findings availabla prior to completion of causa of death? page 2 should Completed 24a. Was an autopsy performed? 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: 25. Was casa refarred to medical axaminar? Be 26. Pleca of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 10 1 Yas 2 No 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manger of Death 28e. Data of Injury (Month, Dey Year) 28c. Injury at Work? After f Certification: 28b. Tima of 28d. Dascribe how Injury occurred 1 ENatural 5 Panding invastigation death. 1 □ Yas 2 □ No To the Hospital or Attendi within 24 hours after death ... To the Funeral Director: A completely filled in by the f 2 Accident 6 Could not be 3 ☐ Suicida 28a. Place of Injury · At homa, farm, streat, fectory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. Medical 29e, Cartifian (Check only one) 29b. Signatura end titla of certifiar 29c. Licanse number 29d. Dete signed (Month, Day, Year) 9231 Decembet 30 1996 Hyzen Road Cumbetlann MD 2150) 30. Name and address of person who for pleted cause of death (Item 23a) (Type, Print) 14427 MANGER At Build Sprofferdall State

DHMH 16 Ray 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene OC

										Death		eg. No.	0 1	10971
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anyla shov	5	10e. State 10b. Count			ity, Town or Location					1	0d. Inside City Limits 1 ☐ Yas 2 1 No
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IVE, MARYIANG Z1Z15-00Z0 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examines must be notified at	by Funeral	11. Maritei Stetus 1 XNavar Married 2 Ma 3 Widowed 4 Divorce	Armed F	2 No Rive	If Yas	Decedent of H , specify Cub ∕as 2. ☑No	lispanic Origin'i an, Maxican, Pi Specify:	? (Specify Yes or Nuerto Ricen, etc.)	Bi	ice - Amaric ack, Whita, ify: whil	atc.
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Page ent o		1 ☑ Buriai 2 ☐ Crametion 4 ☐ Donation 5 ☐ Othar (n Stete	antsville		•	22, 1996	Grants	ville	, MD
permit. Pages 1 and 2 Department of Health a Important: if item 27 is	BUCK	21. Signatura of Funeral Sarvice	Licensea	nau	22. Nan Newn	ma and Addra	iss of Facility neral Ho	omes, P.A	., P.O.	Box 2	275
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* * * * *	sicia	Part II. Other algnificant condit	lona contributing to	death but not ras	sulting in the underly	ying cause giv	/an in Part I.	23b. Die	tobacco use c	ontribute to	the cause of death?
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T San San	2	29b. Signature and title of continu	//		1	29c. Licens	a number		29d. Data sign	ed (Month,	Day, Year)
1		POLY	K	Dpty Med	d Ex	D	09157		DEC 20	1996	
Leke	1	30. Name and address of person	who completed ceu	use of deeth (Itan	m 23a) (Type, Print))					
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DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene

96 40973 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Death Year **Physician** HAUGH 430 AM Donald COVER December 30 1996 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth **Examiner** Williamsport Nursing Home Williamsport Washington If Under 1 Year Months Days 6. Sex 1 □ M 2 □ F If Under 24 Hrs. 5. Sociel Security Number 8. Dete of Birth (Month, Pey, Year) Dec 4, 1907 7. Age (In yrs. lest birthday) 9. Birthplece (Stete or Foreign **Funeral** Maryland 219-36-3923 89 Yrs. Director Usuat Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 23a or 28a-f ahow 1 Nes 2 No Director Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1411 Potomac Avenue 21742 USA Funeral Pages 1 and 2 should be filed within 72 hours efter death nent of Health and Mental Hygiene.
Int: If Hem 27 Is marked other than "natural", or Items 23.
Item 23 other traumatic avant, its Nacial Experies mustry or other traumatic avant, its Nacial Experies mustry. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Tes 2 No p Specify: 3 ₩ Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Teacher Board of Education 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be George Baxter Haugh Nannie Cover 19a. Informent's Name/Retationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Joann E. Haugh, Sister in law 1425 Summit Avenue, Hagerstown, Maryland 20b. Place of Disposition (Name of cametery, cremetory or other piece)
St. Paul's Cemetery Jan. 2, 1997 20a. Method of Disposition 20c. Location - City or Town, Stete 1X Burial 2 ☐ Cremation 3 ☐ Removat from State Department of Important: If any injury or Clear Spring, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licensee 22. Name and Address of Fecility Douglas A. Fiery Funeral Home 1331 Eastern Blvd. North, Har lent the disease, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, book, or heart failure. List only one cause on each line. 1331 Eastern Blvd. North, Hagerstown, MD 21742 Approximate Intervei Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final · pneumonia diseese or condition resulting in deeth) Examiner Due to (or es e consequence ot): Physician/Medicai Examiner pulmonary disease obstructive The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last pue P.O. Box 68760, Due to (or es a consequence of): for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uss contributs to the causs of death? multi-infarct dementia 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, à 24b. Were autopsy findings available prior to completion of cause of death? Be Completed 24e. Wes en eutopsy performed? 1 ☐ Yes 2 No certificate 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 42 Nursing Home 5 Residence 8 Other (Specify) 10 1 ☐ Yes 2 No After this To the Hospital or Attending Phy within 24 hours after death.

To the Funeral Diractor: After this completely filled in by the funeral 27. Menner of Deeth 28e. Date of Injury (Month, Dev Year) Medical Certification: 28b. Time of 28d. Describe how injury occurred 28c. tnjury et Work? 5 Pending Investigation 1. Naturel 1 Yes 2 No 2 Accident 6 ☐ Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homloide 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and pleca, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner steted. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D42046 STAFF PHYSICIAN December 30, 1996 30 Neme end address of person who completed cause of death (Item 23a) (Type, Print) GRACE BROQUE HUFFMAN, MD 18100 Stade School Road Sandy Spring, MD 20860 31. Date filed (Month, Dey, Year)
DEC 3 1 1996 State

DHMH 16 Rev 6/95

Registrar

 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth Voor

Physician /Medical Examiner **Funeral** Director permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Heelth and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show says hours or other traumatic event, the Med cal Essamer must be notified at once. Saltimore, Maryland 21215-0020

> **Physician** /Medicai Examiner

Examiner attending physician end for use es the buriel-transit Physician/Medical signed by the a Completed by page 2 s funeral director. Be Certification: Medical

law requires that the death certificate be executed

or Attending Physician: after death. Director: After this certifica

24 hours a Funeral D

To the Vithin 2

Division of Vital Records, P.O. Box 68760,

1. Decedant's Nema (First, Middla, Last) 3. Time of Death Edna Arlene Hill 12Dec. 28 1996 9:15pm 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Washington Hagerstown Avalon Manor | Honder 1 Yeer | Honder 24 Hrs. | B. Dete of Birth (Month. Dey, Year) | Sept. 24, 1913 5. Sociel Security Number 7. Aga (In yrs. last birthdey) Birthplaca (Stata or Foraign Country) Months 1 M 2 F 214-09-5668 83 Yrs Maryland Usuai Rasidance of Decedant 10e. Stete 10c. City, Town or Location 10d. fnsida City Limits 1 ☐ Yas 2 ☒ No Maryland Washington Hagerstown Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21742 USA 15824 North Haven Drive Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 22 No If Yas, Giva Year or Dates: 14. Race - American Indien, Black, Whita, atc. 13. Wes Decedant of Hispenic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, etc.) 11. Maritel Stetus 1 Never Married 2 Married white 1 ☐ Yas 2 ☑ No Specify: þ 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) finisher furniture 17. Fether's Neme (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Sumama) Lewis Kretsinger Margaret Dellinger 2 19a. Informant's Name/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Grant Ebersole - friend 13716 Kenneth St., Hagerstown, Md. 21742 20b. Place of Disposition (Nama of cematary, crametory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Burlei 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) Rest Haven Cemetery 12-31-96 Hagerstown, Maryland 21. Signature of Funarai Service Licansee 22. Name and Addrass of Facility MINNICH FUNERAL HOME Minne 415 E.Wilson Blvd., Hagerstown, Md. 21740 23a. Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarvai Between Onset and Death immediata Causa (Final disease or condition rasulting in death) PNBUMMIA Homi PL 66 (A
Dua to (or as a consequence of): Sequentially list conditions, if any, laading to immadiate cause. Enter Undarlying Cause (Disease or Injury that initiated evants rasuiting in daeth) Last DYSPHAGIA. INKNOWN) Dua to (or es a consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? CVA, ARTORIOSCLERGSI 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 1 ☐ Yas 2 ☐ No. 25. Was casa rafarred to medical axaminer? 28. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Dascribe how injury occurred 5 Pending invastigation Naturel 2 Accidant 1 Yas 2 No 3 Sulcida 6 Could not be determined 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and placa, and dua to tha cause(s) and manner as stated.

Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, deta and place, and dua to the cause(s) end manner stated. 29e. Cartiflar (Check only one) 29c. License number 046622 29b. Signifiure and little of certifier 29d. Dete signed (Month, Dey, Year) 30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

ENERT LIFICAVIN MO 19236 MEADOW VIEW DR. AREBOSTON MO

State Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth **Physician** Month Day CATHERINE CECELIA HARRINGTON Dec. 15 1996 /Medical 9:10 p 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** The Memorial Hospital Talbot Easton If Under 24 Hrs. Hours Min. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) **Funeral** 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Months Days 1□ M 2/2 🐙 220-01-9739 Director 88 July 22,1908 Maryland Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location or 28a-f show 10d. Inside City Limits other treumstic event, the Medical Examiner roust be notified at Director Md. Oueen Anne's Centreville 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? or items 23a 208 West Water Street 21617 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours efter death 1 Department of Health and Mental Hygiene. Important: if flam 27 is marked other than "natural", or items 28s any injury or other treumstic event Funeral 14. Race - American Indian, Black, White, etc. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 ☐ Never Married 2 ☐ Married ☐ Yes 2 ☐ No Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 TNo Specify: Completed by % Widowed 4 □ Divorced White Year or Detes: 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Dress Shop & Clerk Pharmacy 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surneme) Be James B. Hess Anna Louise Hampton 2 19a. Informant's Name/Relationship (Type, Print) Daughter 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 208 W. Water St., Centreville, Md. 21617 Donna Harrington Dec. 18, 1996 Olleanstown 20b. Place of Disposition (Name of 20a. Method of Disposition cemetery, cremetory or other place) Burial 2 Cremation 3 Removal from State Queenstown, Peter's Cath. Church Cem. St. Md. 21. Signatury of Funeral Service Licenses 22. Name and Address of Fecility Name and Address of Fecility Fellows, Helfenbein & Newnam Funeral Home lenklin 106 Shamrock Rd., Chestenter the mode of dying, such as cerdiac or respiratory arrest, Chester, Md. 21619 23e. Pert1. Enter the diseese, or complications shock, or heart failure. List only one ceus nat caused the death. Do not enter on each line. Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or es a consequence of): Physician/Medical Examiner the Hospital or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting In death) Last Box 68760, DEHYDRATION Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 25 No 3 ☐ Probably 4 ☐ Unknown ð 2 Completed 24a. Wes an autopsy performed? 24b. Were eutopsy findings available prior to completion of ceuse of death? certificate 2 344 1 Tes 1 ☐ Yes 2 No Be 25. Was case referred to medical examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 1 mpatient 2 ER/Outpatient 3 DOA After this 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physicien: To the best of my knowledge, death occurred et the time, date end place, and due to the ceuse(s) and menner es steled.

| Description of the de 29a. Certifier

Division of Vitai Records, P.O. within 24 hours after death.

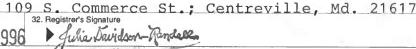
To the Funeral Director: Aft completely filled in by the fur

> State Registrar

Eric Ciganek; 31. Dete filed (Month, Dey, Year)

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

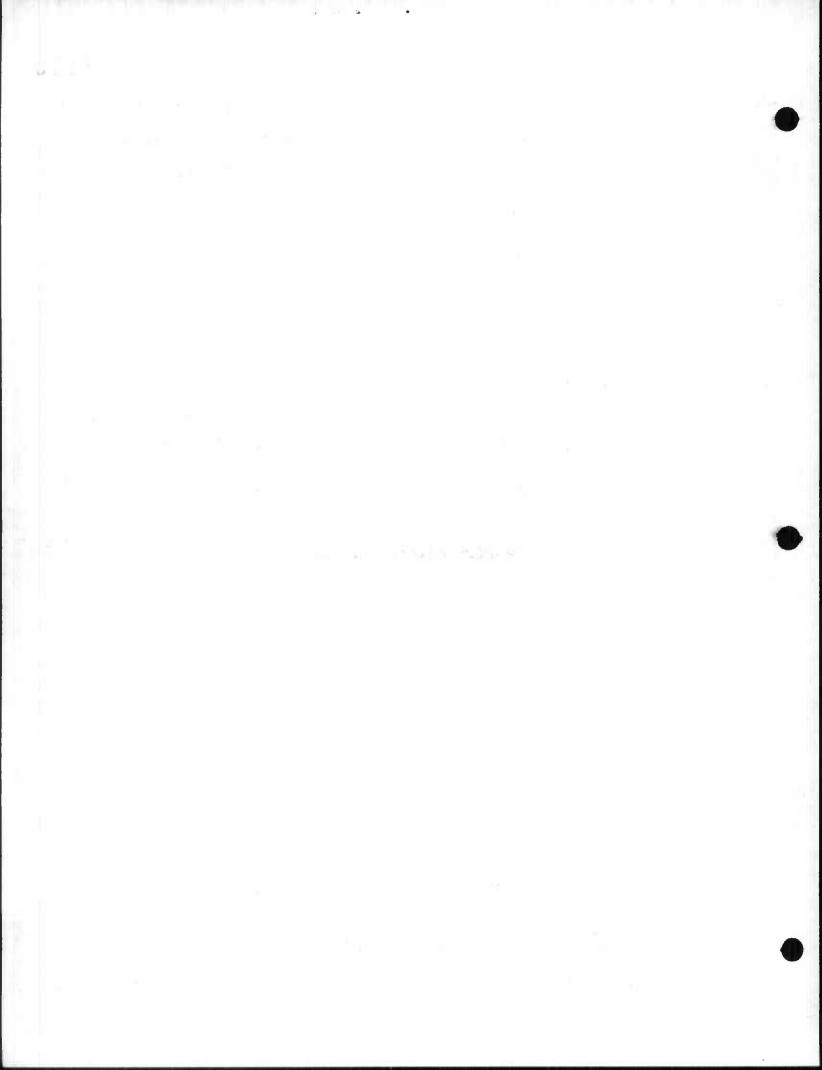
29b. Signeture and title of certifier



29c. License number

29d. Date signed (Month, Day, Year)

DHMH 16 Rev 6/95



96-7490-033

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I. 27, PER MED FILM q-743 1/14/97 t.t

tate c	of Maryland /	Department	of Health	and Mental	Hygi
		Certificate	of Death	h	Dec

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2	U	1	1	C

Physician /Medical Examiner

WAYNE DANA 4a. Fecility Nama (If not institution, give street and number)

HILL

DEC. SR.

3. Tima of Daath

WASHINGTON HOSPITAL 6. Sax 1 □ X 2 □ F Social Security Number

31, 4b. City, Town, or Location of Deeth

2. Dete of Deeth

1996 5:32 pm. 4c. County of Death

Funeral

214-58-4374 Usuel Rasidance of Dacedant

1. Decedant's Nama (First, Middla, Last)

7. Age (In yrs. last birthday) Months Yes

FT. WASHINGTON Prince George's

H Under 1 Year If Under 24 Hrs. Months Days Hours Min. Min. (Month, Dey, Year)

9. Birthplaca (State of Country) 8. Data of Birth (Month, Dey, May 29

18. Mother's Nama (First, Middla, Maidan Surnama)

6633 Old Alexandria Ferry Rd Clinton, Md 20735

 Birthplaca (State or Foreign Country) Washington DC

Director

28a-f show

"naturel", or items 23s or 28s-f shov adical Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours after of order of help the pages of the man defeath bygiene.
Int: If fem 27 is marked other than "nature!", or fles
Inty or other traumatic event, the security frammen

permit. Page Department of Important: If eny Injury or once.

Physician /Medical

Examiner

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To the Hospital o within 24 hours aft To the Funeral Di completely filled in

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page 2

filled in by the funeral

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or Attending Physician: The law requires that the death certificate be executed

P.O. Box 68760.

Records,

of Vital

Division

Examiner

Physician/Medical

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Completed

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Certification:

Medical

Baltimore, Maryland 21215-0020

Directo

Funeral

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Be Completed

the Maryland

10a. Stata 10b. County Maryland Prince George's 10c. City, Town or Location Oxon Hill

Reg. No

10d. insida City Limits 1 Yes 2 No

10e. Street and Number

7404 Roanne Drive

12. Was Decedent Ever in U,S. Armed Forcas?

Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxicen, Puarto Ricen, atc.)

U.S.A. 14. Rece - American Indian, Black, Whita, atc.

10g. Citizen of What Country?

White Specify.

1 Nevar Married 2 Married 3 Widowed 4 Divorcad

1 ☐ Yas 2 X No If Yas, Giva Yaar or Detas: 15. Decedant's Education (Specify only highast grada complated)

16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired)

20745

16b. Kind of Businass/Industry

Elemantary/Secondery (0-12) 12th

Collega (1-4or 5+)

Carpenter

10f. Zip Coda

Construction

17. Fether's Neme (First, Middle, Last)

Herbert F. Hill

Nancy

Jean Brockway

19a. Informent's Neme/Ralationship (Type, Print) Wayne D. Hill, Sr. (Son)

20b. Plece of Disposition (Nama of cematary, cramatory or other place)

19b. Mailing Address (Streat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) 2727 Red Lion Place Waldorf Maryland 20602

20a. Mathod ot Disposition

XX Burlel 2 Cramation 3 Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify)

Resurrection Cemetery

20c. Locetion - City or Town, Stata Jana 6, Clinton, Maryland

21. Signetura of Funaral Service Licensas

1997

22. Nama and Address of Facility Lee Funeral Home, Inc.

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line.

Approximata Intarval Between Onset and Death

Immediata Causa (Finel disaase or condition rasulting in death)

ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

Dua to (or es e consequance of)

Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted avents resulting in death) Lest

Due to (or as a consequance ot):

Dua to (or es e consequança of)

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24b. Wara autopsy tindings aveilabla prior to completion of ceuse of daath? 24e. Wes an autopsy performed?

2 No

1 Tras 2 No

25. Was cesa rafarrad to medical 1 XYas 2 No

Hospital: 28e. Deta ot Injury (Month, Day Year) 5 Pending invastigetion

1 ☐ Inpatlant 2 ☐XER/Outpatient 3 ☐ DOA 28b. Tima ot

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Dascribe how injury occurred

26. Place of Death (Check only one)

4 ☐ Homicida

6 Could not be datarminad 28a. Plece of Injury - At home, tarm, streat, factory, office building, atc. (Spacify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

29e. Cartifian

27. Mennar ot Death

1XXNetural

2 Accidant

3 Suicida

1 Cartifying Physician: To the bast of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as steted.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner stated.

29b. Signefore and titla of certifier

29c, License number O.C.M.E. 29d. Data signed (Month, Day, Year) JAN. 01, 1997

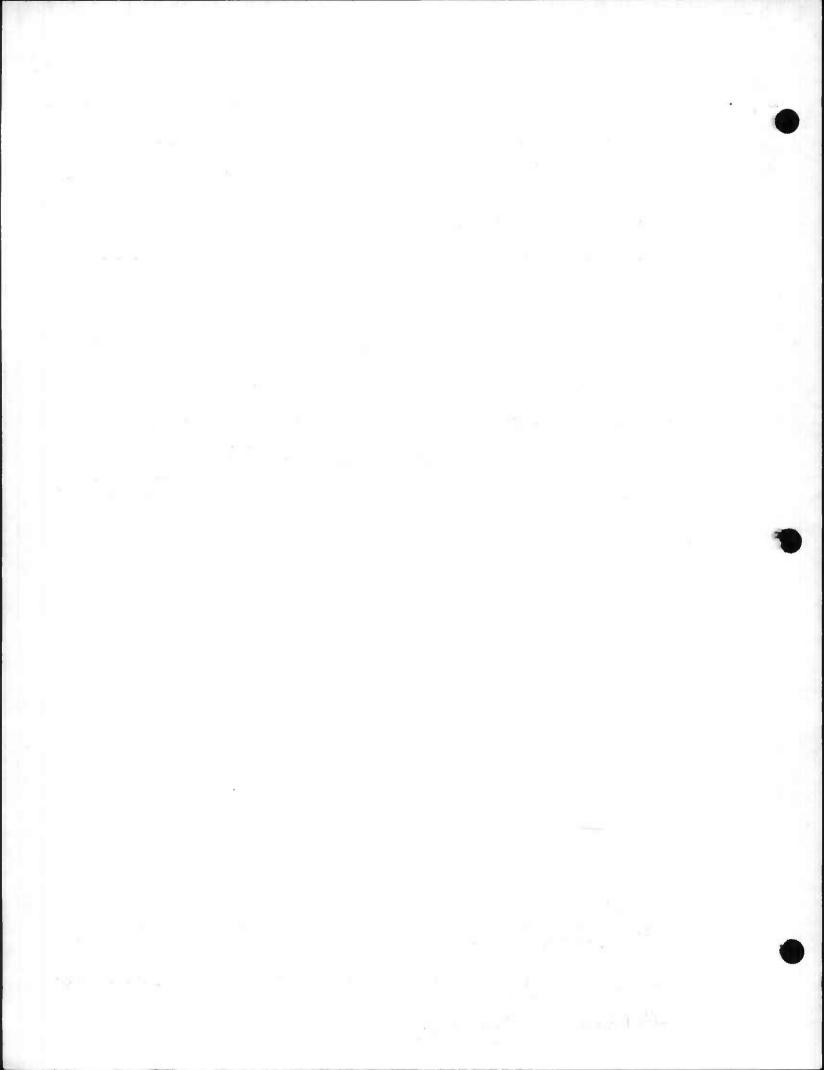
30. Nama and addrass of person who complated ceusa of daath (Itam 23a) (Type, Print)

Alypaws D. Word Mylll Penn Street, Baltimore, Maryland 21201 31. Data filed (Month, Day, Year)

State Registrar



DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene

40977 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth Month Year **Physician** William Hoff /Medical Dec. 29 1996 7:40 A.M. 4e. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Bradford Oaks Nursing Center Clinton Prince George 5. Social Security Number 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth 9. Birthpleca (State or Foreign Sept. 20, 1924 Washington D.C **Funerai** 1₽M 2□F Days 20 0109 72 Yrs. Director Usuel Residence of Decedant 10e Stete 10h Counts 10c. City, Town or Location 10d. inside City Limits 28a-f ahow r than "naturel", or items 23a or 28a-f ahov the Medical Examiner must be notified at 1 Yas 2 XNo Director Maryland Prince George's Capitol Heights 10e. Street and Number 10g. Citizen of What Country? 6165 Central Avenue Funeral 20743 United States 12. Wes Decedent Evar in U,S. Armed Forces? 1% Yes 2 □ No If Yes, Give Yeer or Detes: 13. Wes Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, etc. 11. Maritei Status 72 hours after 1 Never Married Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2XX No Specify: þ White 3 ☐ Widowed 4 ☐ Divorced Specify: Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) 7th College (1-4or 5+) C.W. Wright Electric Linesman marked other Tis merk 17. Father's Neme (First, Middle, Last) 18. Mothar's Neme (First, Middle, Meiden Sumeme) John George Hoff Margaret Fink 19e. informent's Name/Reletionship (Type, Pnint) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 s Department of Health an Important: if item 27 is any Injury or other trau Mary Hoff 6165 Central Avenue, Capitol Heights, Maryland 20743 20b. Pleca of Disposition (Nema of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai 2 Ocremetion 3 ☐ Removei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Lee Crematory Dec 30, 1996 Clinton, Maryland 21. Signeture of Funeral Service Licanse 22. Name and Address of Facility Lee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Maryland 20735 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one cause on each line. Onset end Death Physician /Medicai immediete Ceuse (Finei Myocardial diseesa or condition resulting in death) Examiner Dua to (or es e consequenca of): Examiner Diaketes Mellitus Tears hysician and the burief-transit requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initialed events resulting in deeth) Last Due to (or es e consequence of): Hypertension Box 68760, eccy S Physician/Medical Dua to (or as a consequence of): P.O. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? signed by 1 Vascular diseace 1 Yee 2 No 3 Probably 4 Unknown Records, PV 24b. Were autopsy findings available prior to completion of causa of deeth? Completed 24e. Was an eutopsy performed? page 2 s The 1 Yes 2 No 1 Yes 2 100 Division of Vital Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 Yes 2 Ne Other: 4 Nursing Homa 5 Residence 6 Other (Specify) this funeral Hospital or Attending Pl 124 hours after death.
 Funeral Director: After the letaly filled in by the funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred Certification: 28b. Time of 28c. injury et Work? 5 Panding investigation 1 Neturei 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28e. Pleca of injury - At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral Completaly filled Medical 29e. Certifier 10 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the ceuse(s) end menner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) end menner steted. 29b. Signeture equitable of certifier 29c, License number 29d. Dete signed (Month, Day, Year) D 26352 30. Name and eddress of person who completed cause of death (item 23a) (Type, Print) Clinton Med 20735 9131 Piscataway 1200 31. Dete filed (Month, Day, Year) 32. Registrar's Signature Condul State JAN 02 Registrar

State of Maryland / Department of Health and Mental Hygiene 40978 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Day Yeer DECEMBER 23 1996 **Physician** 06:40 PM HOGGE ZAIDA /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner SHARPIO PRINCE GEORGE'S 8600 MIKE #602 CLINTON If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (Stete or Foreign Country)
4. Virginia 8. Date of Birth (Month, Dev. **Funeral** 10 M 20 F Days Min. Months Hours 577-01-1841 Director January 21,1914 Usuai Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show treumstic event, the Medical Examinating that be notified at 1 Yes 2 No Directo Maryland | Prince George's Clinton 10e Street and Number 10f Zin Code 10g. Citizen of What Country? with 8600 Mike Shapiro Drive #602 20735 U.S.A. Funeral filed within 72 hours eftar death 12. Wes Decedent Ever In U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Rece - American Indian, Black, White, etc. 1 Never Married 2 Married ☐ Yes 2 💢 No Yes, Give Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: White þ 3 X Widowed 4 □ Divorced Year or Dates Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) 12th Telephone Operator C & P Telephone Co. Pages 1 and 2 should be file ment of Heeith and Mental H) lant: If Item 27 is marked oth 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Godfrey Nathaniel Funk Elizabeth Lichliter 0 19a. Informant's Name/Relationship (Type, Print) 19b. Malting Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) continent of Health a contant: If item 27 is injury or other tree Elvena M. Coffey (Niece) 9233 Okla Drive Fairfax, Virginia 22031 Baltimore, 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Dec. 27. 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Department of important: If any injury or once. Fort Lincoln Cemetery 1996 Brentwood, Maryland 22. Name end Address of Facility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, MD 20735 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heert fellure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final ARTERIOS CIEROTIC CARPIOVASCULAR PISEASE disease or condition resulting in death) Examiner Due to (or es a consequence of) Examiner The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting In deeth) Last pue Due to (or es e consequença of) Division of Vital Records, P.O. Box 68760, physician Physician/Medical Due to (or as e consequenca of) signed by the at d be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Completed by 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24a. Wes an autopsy performed? peen : has After this certificate 1 🗆 Yes 2 X No 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) examiner? 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA epital or Attending Physical Structures after death.

nerel Director: After this y filled in by the funeral di 27. Menner of Deeth 1 DNaturet 28e. Dete of Injury (Month, Dey Year) Certification: 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, factory, offica bullding, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide To the Hospital o within 24 hours af To the Funerel D completaly filled I 1 Certifying Physician: To the best of pry Rhawledge, death occurred et the time, date end plece, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examinerion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29e. Certifier DEPUTY May. 29b. Signature end title of certifier 29c. License number
DEPIATY MEDICAL EXAMINER 29d. Date signed (Month, Dey, Year) DECEMBER 25, 1996 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) JR MD 3001 HOSPITAL DRIVE, CHEVERLY, MARYLAND 20785 MARIO F. GOLLE 31. Date filed (Month, Dey, Year) 32. Registrer's Signeture

This Davolson Rardall

State

JAN 02

Registrar

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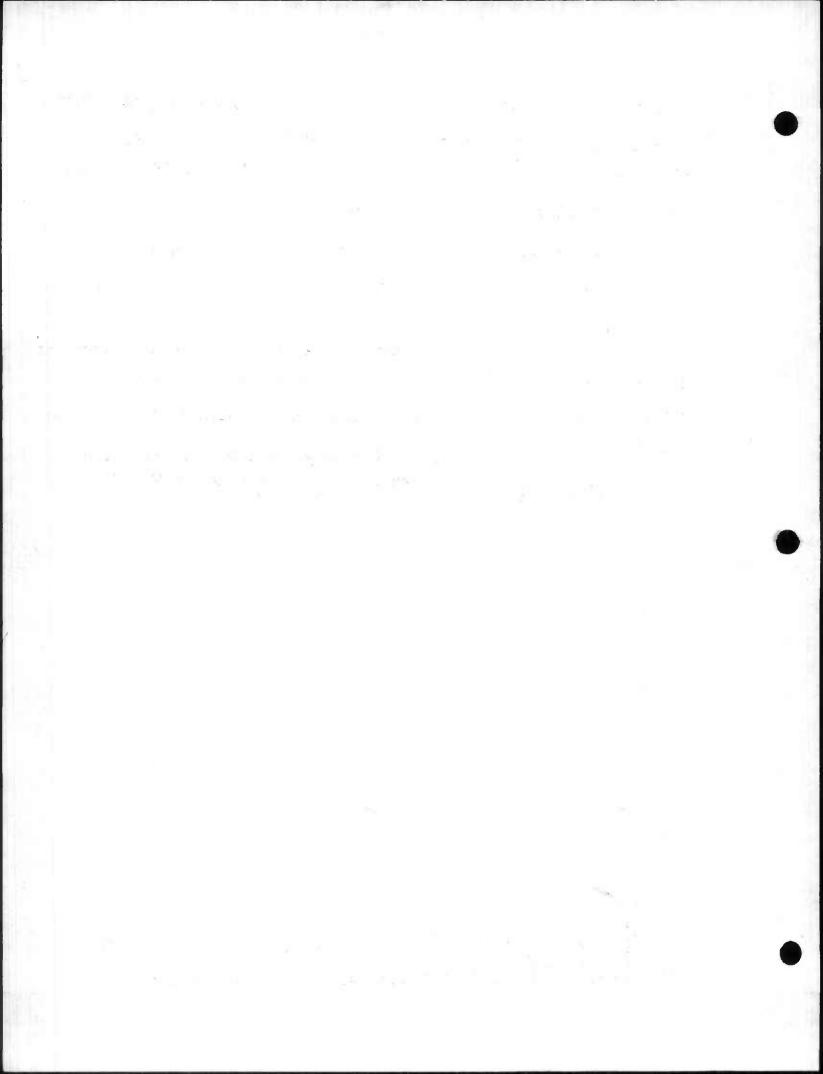
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	Physic /Medi		Decedent's Neme (First, Middle, L ELIZABETH	ast) BLUM	ΙE		HOLL	EY		2. Dete of D DECEME	ER 29,1	9 9 g	3. Time of Deeth 7:02PM
	Exami	ner	4e. Fecility Neme (If not institution, g. PHYSICIANS MEI	MORIAL HO	SPITAL				tb. City, Town, or LAPLATA		CHA	y of Death ARLES	
	Funeral Director		5. Sociel Security Number 6. 250-48-3846 Usuel Residence of Decedent	Sex 7. 1 □ M 2 🗹 F	Age (In yrs. le		If Under 1 Months [Deys	If Under 24 Hr Hours Mir	8. Dete of B Awanth, D	*1 2°°°)193	9. Birthp	lece (State or Foreig try)S.C.
	Maryland H show	tor	10a. Stata 10b. County Charl	es	10c. City, Whi	Town or Lo	cation lains					1	0d. Inside City Limits
	th with the 23a or 28a	ai Director	10e. Street end Number 4137 Gateway B	lvd.			10f. Zip C		695		10g. Citizen of U.S.		try?
020	72 hours after death with the Maryland "netural", or items 23a or 28a-f show lidical Examinet must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Merrled 2 🖾 Married 3 □ Widowed 4 □ Divorced	12. Was Decede Armed Force 1 Yes 2 If Yes, Give Yeer or Date	is? No		Vas Deceder Yes, specify		ispenic Origin? (en, Mexicen, Pue Specify:	Specify Yes or N rto Ricen, etc.)	o- 14. Re Bia Specii	ce - Americ ick, White, of fy: Wh	
1215-0	within 72 ho lene. than "natur to Wed call	Completed	15. Dacedent's Elemantary/Secondary (0-12)	ducetion rede completed) Collaga (1-4c	or 5+)				etion during most of we	orking	16b. Kind of B		
Maryland 21215-0020	be filed stal Hygi of other event, t	To Be Cor	17. Fether's Neme (First, Middle, Las Horace Blume	0		Pers	onel	וע			U.S. A. Maiden Sumer Blume	m <i>e)</i>	rernment
	2 sh and is m	-	19e. informent's Name/Reletionship Robert A. Holl			19b. Meilin 4137	g Address (S Gate	Street	end Number or F y Blvd	ural Route Numi White	per, City or Town	Stata, Zip	D 20695
Baltimore,	Peges 1 end nent of Health snt: If ftam 27 ury or other ti		20a. Method of Disposition 1 Description 2 Cremetion 3 4 Donetion 5 Other (Special Contents)		COL	metery, crem	sition (Neme netory or othe Ceme	er plec		Date / 2 / 9 7	20c. Location Rockvi		
Balt	pemit. Pege. Department of important: If I any injury or once.		21. Signeture of Funarel Service Lice	111	00945				CHOL'S 567 La				
Box 68/60,	deeth certificate be executed We did not be executed and and and action of the purish trensit and for use as the burial-trensit and for use as the burial-trensit and the purish trens	n/Medical Examiner	shock, or heart feilure. List only immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest	e	Due to (or due to (or d	es a conseq	uence of):	ca	rdu	Jufa	ndv		Approximata Inflarval Between Onset and Deeth
л Э	0 0 2	Physician/M	Pert II. Other significant conditions	_		ting in the un	derlying ceus	sa giv	an in Pert I.				the cause of death
DIVISION OF VITAL RECORDS,	The law requires ate hes been sign page 2 should be	Completed by								perf	s en eutopsy ormed?	ava con of c	era eutopsy findings aileble prior to mpletion of cause deeth?
Ion of VII	ding Phys h. After this funeral di	ation: To Be	25. Wes cese raferred to medicel examiner? 1 Yes 2 No 27. Menner of Deeth 1 Avetural 5 Panding investigation investigation	Hospital: 1 inpa 28e. Data of Ir (Month, I	njury 2	P/Outpetient 28b. Time of Injury		Other	ar: 4 Nursing		one) idance 6 Oth how injury occur)
DIVIS	tal or Attanders after deat of Director: ed in by the	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	288. Piece of I	injury - At hom atc. (Specify)	ne, ferm, stre	et, fectory, o	ffice	-11-1	28f. Location City or To	(Street and Numi wn, Stata)	ber or Rural	Route Number,
	To the Hospital or Ati within 24 hours after of To the Funeral Direct completely filled in by	Medical	29e. Certifler (Check only 20) Medical Exertiser 29b. Signeture and title of certifier	nysician: To tha bes niner: On the basis and manner:	of axaminatio	edga, daeth on end/or inv	estigation, in	my op	olnion, death occ	e, and dua to the urred et the tima	cause(s) and modata end place,	end due to	the causa(s) Dey, Yeer)
			30. Name and address of parson who DANIEL HOWELL, MI	completed ceuse of	deeth (Itam 2 EMBROOK	23e) (Type, F E SQU	Print)		2975 E 104 WA	LDORF, N			/ψ

State Registrar

31. Dete filed (Month, Dey, Yeer)

32. Registrer's Signetura

Juli Stavilson Randall

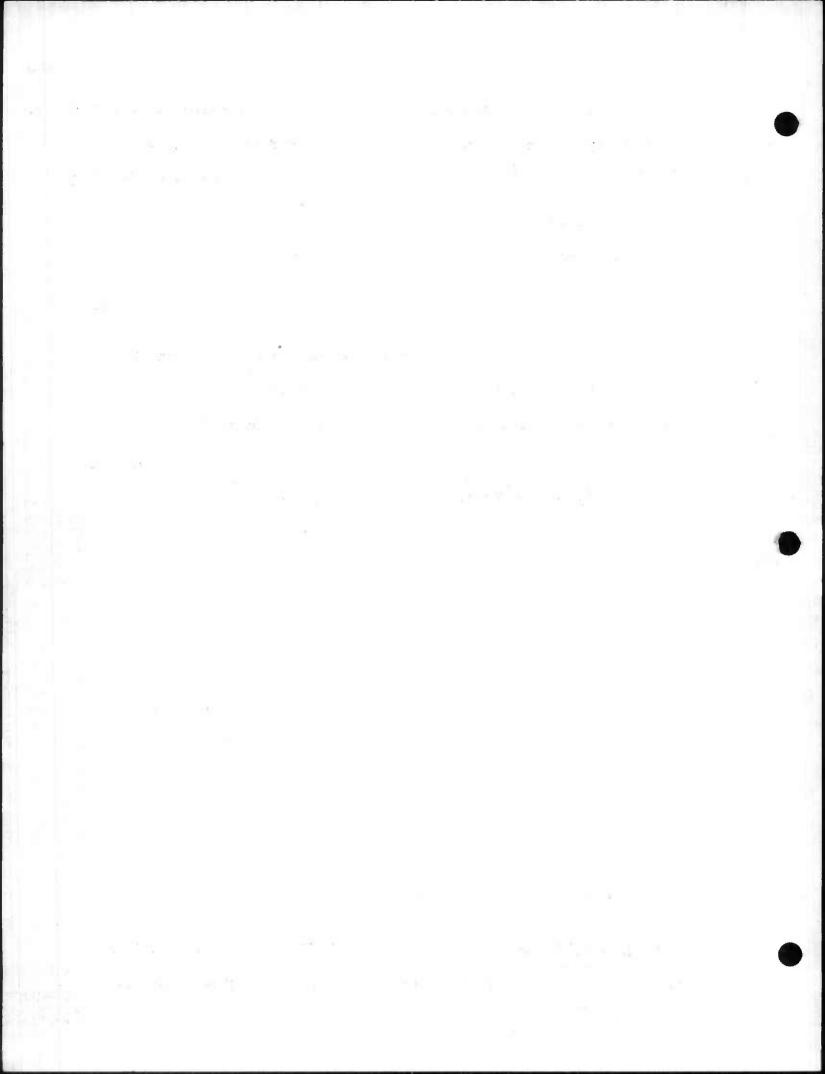


State of Maryland / Department of Health and Mental Hygiene

40980 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death **Physician** Month December 27,1996 Inez Simpson 2:31 P.M. /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital center Rosedale Baltimore If Undar 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplaca (Stete or Foreign Country) **Funeral** Months Days 1□ M 2□ F Yrs Director 163-24-7903 Feb. 24, 1926 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Ves 2 □ No Directo Maryland Baltimore Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 8 238 10000 Crane Lane 21220 USA Funeral Herna 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - Amarican Indian, Black, White, atc. 1 Never Married 2 Married 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 6 1 ☐ Yes 2 ☒ No Specify: by 3 ☐ Widowed 4 ☐ Divorced "natural", Caucasian Completed 15. Decedent's Education (Specify only highast grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If flem 27 is marked other than any Injury or other traumatic avant Elementary/Secondery (0-12) Coltege (1-4or 5+) 10th Supervisor/Receivables Retail 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surname) Be Wilbur Amos Wentz 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Coda) Lana L. Lueckert 10000 Crane Lane Baltimore, Maryland Daughter 20b. Place of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Smithsburg Crematory 12/28/96 Smithsburg, Maryland 21. Signature of Funeral Service Idcenses 22. Name and Address of Facility 136 East Baltimore Street Skiles Funeral Home Taneytown, Maryland 21787 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** fire /Medical Immediate Cause (Final obstrutore pulm une ny disease or condition resulting In death) 48815 Examiner Due to (or es a consequence of) Examiner physicien and s the bunal-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. Physician/Medical Dua to (or as a consequence of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown been signed to should be det Records, þ 24b. Were autopsy findings svaliable prior to completion of cause of death? Completed 24a. Was an eutopsy performed? page 2 s certificate 1 Yes 2 No 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p. Be 25. Was case refarred to medical 28. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA P 1 ☐ Yes 2 PNo Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 28a. Date of injury (Month, Dey Year) Certification: 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending 1 Natural investigation 1 TYes 2 No 2 Accidant 6 Could not be determined 3 Sulcida 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlcide edical 29a. Certifier 1 Certifying Physicfan: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifier 29c. Licanse number 29d. Dete signed (Month, Dey, Year) P33634 1 Tolot mas 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) 2123 SOUMED DR 4201 DAVID & ZOUT, MD 9105 BRANKUN 32. Begistrar's Signature 31. Date filed (Month, Dey, Year) State DEC 3 0 1996 Registrar

DHMH 16 Ray 6/95

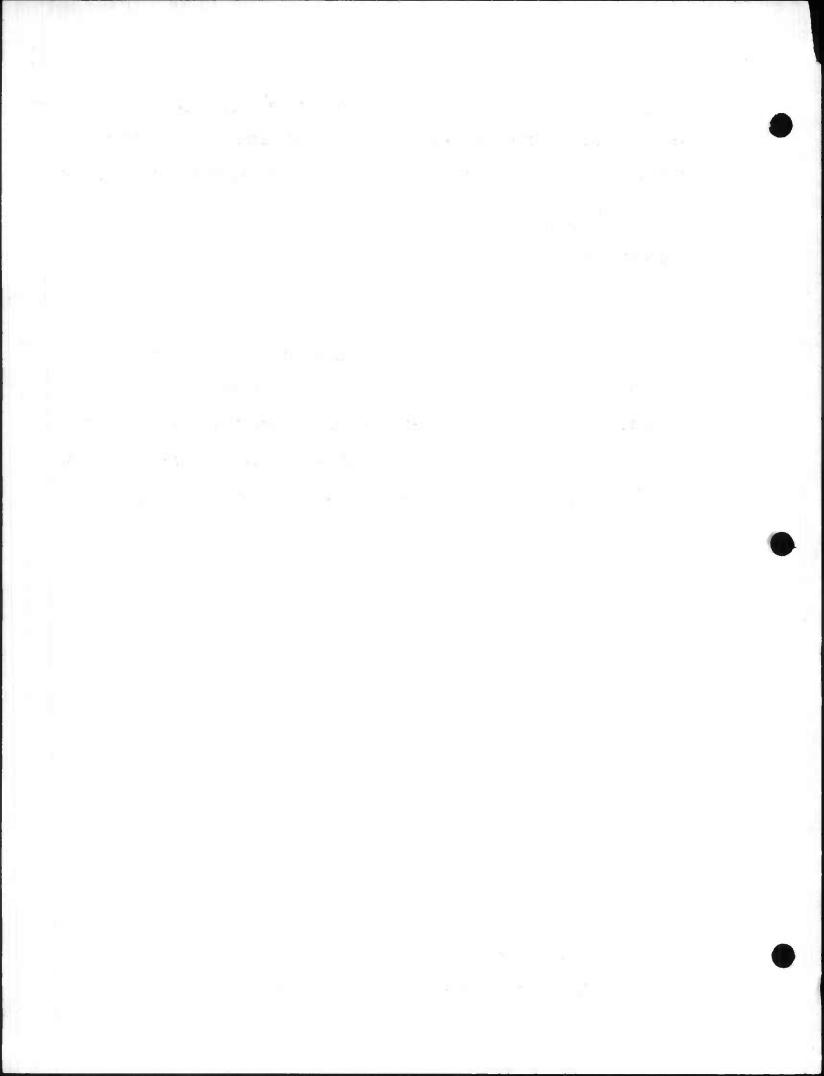


State of Maryland / Department of Health and Mental Hygiene 96

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21. Sometimen of Funerel Service Licensee 22. Name and Address of Fecility HASTINGS FUNERAL HOME, SELBYVILLE, DE. 19975 Approximate interval Between Medical Examiner Physician / Medical Examiner The part of the part o	0 0)	* .				1/2/97	REDITM	MAT	ONIAND
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Physician (Medical Examiner Medical Examiner Part P			23a Patti. Enter the diseese, or comp	ications that cause	d me deat							, DE.	Approximete
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To Advance - c. numa of Lung 1 Yes 2 DNo 1 Yes 2 No	28 1	nple								-		o	ompletion of cause f deeth?
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examiner? Hospitel: Company of the c	s certific director,	Be		doenital:						eath (Check only	one)		
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200. Describe now injury occurred 200. Describe now injury occ	Afta	tlon	27. Menner of Death 28a. Dete of Injury 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occur (Month, Day Year) M 1 □ College to Injury M 1 □ College to Injury M 1 □ College to Injury et Work? 1 □ Yes 2 □ No							. 30			
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	uner thy fills			sicien: To the best	of my know	wledge, deeth	occurred	d et the t	ime, dete end ple	ce, and due to the	e cause(s) and m	anner as	steted.
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State Registrar 29d. Date signed (Month, De Dizes number 29d. Date signed (Month, De Dizes of Dizes



State of Maryland / Department of Health and Mental Hygiene

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						C	ertific	ate of	Death		n No.		10301
	Physic /Medi		Decedent's Name (First, Middle, Inches The Ima Hutt							2. Data of Dec	Day 22	Year 1996	3. Time of Death 8:55 AM
	Examine Funeral Director	ner	Aa. Facility Name (If not Institution, g Deer's Head Cer 5. Social Security Number 213-22-5655	iter	ge (In yrs.	last birthd	Monti	dar 1 Yaar	Salish	Irs. 8. Date of B	Wico Birth Day, Yaar)	9. Birthpi	iace (State or Foraign
	ъ		Usual Residence of Decedent 10a. State 10b. County MD • WICOM		10c. Cit	ty, Town or				4-)	-20		BÜRY, MD. Od. Insida City Limits
	or 28a-f	Directo	10e. Street and Number		JAL	_1300		Zip Coda			10g. Citizen of	What Count	1 ☐ Yas 2X No
	n 72 hours efter death with the Maryland *natural', or items 23s or 28s-f show solical Examiner must be notified at	Funeral Director	409 DORSEY LA 11. Marital Status 1 Never Married 2 Marriac	12. Was Decedant Armed Forces),S. 1	3. Was De if Yas, s	2180 cedent of H pecify Cubi		(Specify Yes or Nerto Ricen, etc.)	USA lo- 14. Ra Bia	ce - America	
21215-0020	r2 hours e	þ	3 ☐ Widowed 4 ☐ Divorced	If Yas, Give Year or Dates:		16a. De	cedent's U	2 X No suai Occup	Specify:		Specil		
	filed within 7 Hygiene. ther than "r ent, the Med	Completed	(Specify only highest g Eiementary/Secondery (0-12) 12th	College (1-4or	5+)	life	MESTI	use retired	during most of t	vorking	DAYCAR	E CEN	TER (RET)
Maryland	pemit. Peges 1 and 2 should be filed within 72 ho Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natur any injury or other traumatic event, the Medical DOCS.	To Be	17. Father's Nama (First, Middle, La. SIDNEY	HUTT							IE FARLO	W	
	and 2 sh saith end n 27 is m		19a. informant's Neme/Relationship BOBBY WATSON	(Type, Print)				S ABO		Rural Route Num	ber, City or Town	, Stete, Zip	Code)
altimore,	Peges 1 ment of Hi ant: If iten ury or oth		20a. Method of Disposition 1 XBuriai 2 Cremation 3 4 Donation 5 Other (Spec			ematary, c		r other plac	y GARD.	Date 12-27	20c. Location HEBRON,		vn, Stata
Ball	permit. Pege Department of important: If any injury or once.		21. Signature of Funaral Service Lic	3. Salles	4	1			ss of Facility Y ROAD;	JOLLEY SALISBU	MEMORIAL RY, MD.		EL
	Physician /Medical Examiner		23a. Part1 Inter tha disease, or co shock, or heart failure. List onl immediata Causa (Final disease or condition resulting in death)	nplications that ceut of yone ceusa on each of a congest	ive 1	Heart	Fail	ure	g, such as card	llac or raspiratory	arrest,		Approximate Interval Between Onset and Death
.0°	ertificate be executed fing physician and te as the burial-transit	edical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	b. Chromic	Obs	truct	ive I	ung D	isease			У	ears
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.O.	es that the death cer gned by the attendin be deteched for use	Physician	Part II. Other significant conditions	contributing to death b	ut not res	ulting in the	underlyin	ceuse giv	en in Part I.	23b. Dio	d tobacco use co		the cause of death?
J.	requires that I	by	Hypoxic Encepha	lopathy						-	Yee 2□ No	3 Prob	
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sion or	if or Attending Physical after deeth. I Director: After this of in by the funeral distribution of the funeral dis	\vdash	27. Manner of Deeth 1 Naturai 5 Pending 2 Accident Investigation	28a. Date of inju (Month, Da	ry	ER/Outpat 28b. Time Injury	of	28c. Injun Wor	4 Li Nursing	Homa 5 Ras 28d. Dascribe	how injury occur		
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	To t To t	Σ	29b. Signature and title of certifier	1 1 0			2	9c. Licans	a number		29d. Date signe	d (Month, D	ey, Year)

State Registrar

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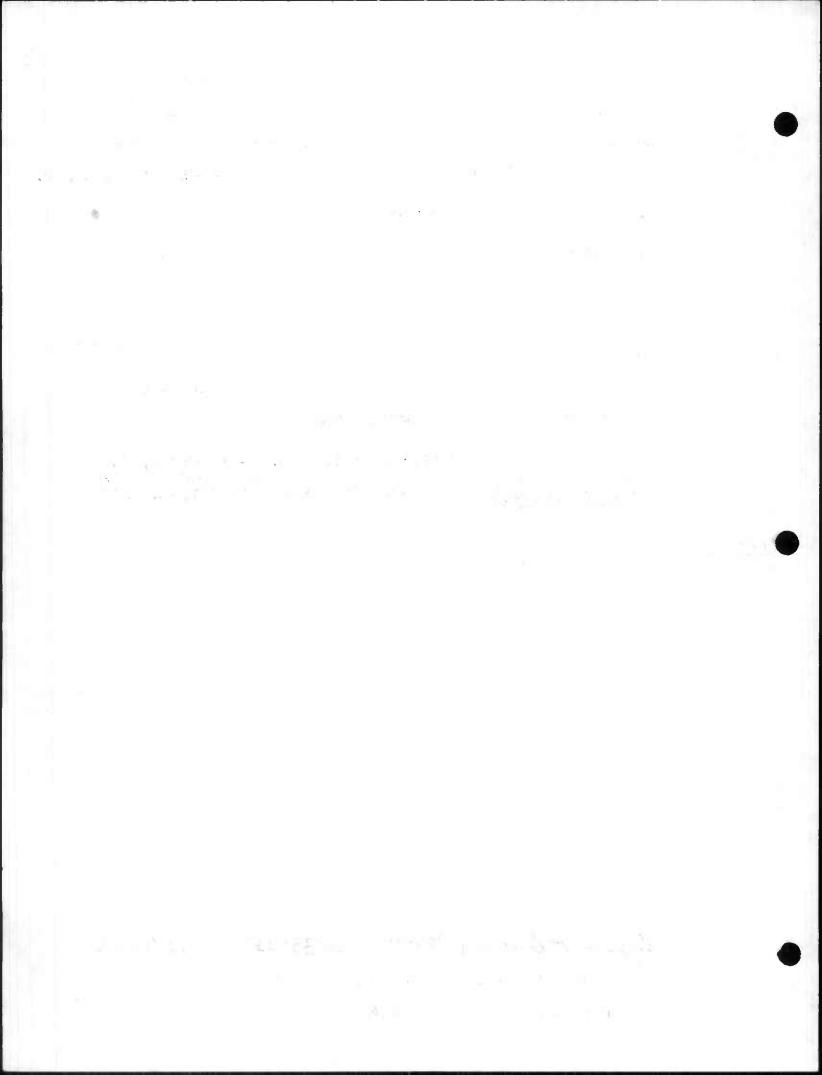
31. Data filed (Month, Dey, Year)
DEC 26 1996
32. Registrar's Signature
Randall

Dr. V.A. Dulany; P.O. Box 2018; Salisbury, Md. 21802

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

moon

D33905



	1 - STATE REGISTRAR	STATE OF MARYLAND / DEP.	ARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Francis Wo	odrow Hickr	nan	2. DATE OF DEATH DAY	3. TIME OF DEATH 7:50 A M
	218-12-1618	5. SEX 6. AGE (In yrs. last birthde	MONTHS DAYS HOURS MIN.	4-18-1913	BIRTHPLACE (State or Foreign Country) Maryland
TOR	319 Winter Que Residence of Decement	arters Drive	Pocomoke (SEATH SC. COUNTY	ry of DEATH CESTER
DIRECTOR		ester Pa	octy, town on Location occomoke Cit	V	10d. INSIDE CITY LIMITS? 1 PYES 2 NO
FUNERAL	319 Winter Q1	varters Drive	2 1851	L	EN OF WHAT COUNTRY?
B	1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 P. NO Spec	an, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:
LETED	15. DECEDENT'S EDUCAT (Specify only highest grade col Elementary/Secondary (0-12)	mpleted) (Give kind	T'S USUAL OCCUPATION of work done during most of working T use retired.)	16b. KIND OF BUSINESS/INDU	STRY
COMPLET	17. FATHER'S NAME (First, Middle, Ligst)		ry Ketailer	AME (First, Middle, Melden Surname)	
BE C	William Hick	man	Jenni	e May Dono	vay
70	190, INFORMANT'S NAME (Type/Print)	19b. MAILI	NG ADDRESS (Street and Number or Rural	Poute Number Sty or Town, State, Zip (Md 21051
	20e. METHOD OF DISPOSITION 1 V Burlel 2 Cremation 3 Remove		TE OF DISPOSITION (Name of	DATE 1 20c. LOCATION - C	Ity or Town, State
	4 Donetion 6 Other (Specify)	- First Bo	ptist Cemetery	12-22 Pocomo	Ke, Md.
	Scott 5 M	cleon	Melson tune	1 11	21851
	23. PART I. Enter the diseases, or con shock, or heert fellure. Lis	mplications that caused the death. Dat only one cause on each line.	o not enter the mode of dying, au	ch as cardiac or respiratory arre	at, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE			Onset and Death
Z	Convention lies and discontinuous b.	DOE TO (ON AS A CONSEQUENCE	: OF):		N N
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE	: OF):		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE	OF):		
AL CI	PART II. Other algolificant conditions of	contributing to death but not recultir	ng In the underlying couse given in	Part I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDIC				PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- W	DID TOBACCO USE CONTRIE	BUTE TO CAUSE OF DEATH	YES NO UNCERTA	 N	1 - YES 2 / NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		EATH (Check only one) OTHER:		
HYSI		☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA		6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCL	(DED
ВУ Р	1 Natural 5 Pending Investigation		INJURY WORK? M 1 YES 2 NO	200. DESCRIBE HOW INJURY OCCU	neo .
1	3 Suicide 8 Could not be 4 Homicide datermined	28s. PLACE OF INJURY — At home, ferr building, etc. (Specify)	n, street, factory, office	261. LOCATION (Street end Number of City or Town, State)	r Rural Route Number,
COMPLETED		W: To the best of my knowledge, death occ On the baels of examination and/or investig			
BE C	96. SIGNATURE AND TITLE OF CERTIFIES	Anda V	29c. LICENSE NU	MBER 29d. DATE	SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITEM 27) (T	ipe, Print)	7//	2-2076
12	500 Mar	Ket St	Pocom	oke me	0 21851
	31. DATE FILED (Month, Day, Year) DEC 26 1996	32 REGISTRAR'S SIGNATURE			

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							30	40304			
	FOR 1 STATE	STATE OF MARYLAI				MENTAL HYGIEN	E				
	REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO.					
	1. DECEDENT'S HAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	YEA	3. TIME OF DEATH			
		AYNE	HORN			DEC. 27	1996	10:30 PMM			
	The second secon	5. SEX 6. AGE (In	yrs. last birthday)	MONTHS DA	AR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	B. BI	RTNPLACE (State or Foreign ountry)			
	214-21-4551		3 YRS.			07/12/19	88 M	ARYLAND			
œ	8a. FACILITY NAME (If not institution, give stre	et and number)		96. CITY, TO	WN OR LOCATION OF D	EATN	9c. COUNTY C	F DEATH			
DIRECTOR	PO BOX 26			WES	TOVER		SOM	ERSET			
E C	10e. STATE 10b. COUNTY		10c. CITY	r, TOWN OR L	OCATION			10d. INSIDE CITY			
	MARYLAND SOME	DOET	141	ESTOV	ED			LIMITS?			
	10e. STREET AND HUMBER	HJL I	IV	3101	10f. ZIP CODE		10a, CITIZEN C	OF WHAT COUNTRY?			
ER/	PO BOX 26				04074						
BY FUNERAL		12. WAS DECEDENT EVER IN U	I.S. ARMED	ta. WAS	21871	NIC ORIGIN? (Specify Yes	ACE — American Indian,				
	1 Never-Married 2 Married	FORCES? 1 YES		If ye	s, specify Cuban, Maxica YES 2 NO Specif	in, Puerto Rican, etc.)	Black, White, etc.				
	3 Widowed 4 Divorced				TEG 2 10, NO GOOG	<i>y-</i>	,	WHITE			
0	15. DECEDENT'S EDUCA (Specify only highest grade of		6a. DECEDENT'S	USUAL OCCU	PATION og most of working	166. KIHD OF BUS	SINESS/IHOUSTR				
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	g most or working						
COMPLET	3		STUDENT			E	DUCATIO	N			
ဝ္ပ	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
BE	MARTY WAYNE	HORNE		SUSAN DAVISON ING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code)							
2	19a. INFORMANT'S HAME (Type/Print)						n, State, Zip Code)			
_	DOUG KIDD PO BOX 26, WESTOVER, MD, 21871 20a, METNOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION DATE 20c, LOCATION — City or Town, State										
	20a METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramov	ral from State 20b.P	LACE AHD DATE O	of DISPOSITIO her piece)	H (Neme of	DATE 20c. LO	CATION — City o	r Town, State			
	4 Donation 5 Other (Specify)	E	BEECHWO		EMETERY		INCESS	ANNE, MD.			
	The service Close	NAME .			MAN FUNERA						
	Janus X X II	KNUW MOOZ	95			ENUE. PRINCE	SS ANNIE	MD. 21853			
	23. PART i. Enter the diseases, or co	mplications that caused t	he death. Do n	ot enter the	mode of dying, suc	h aa cardisc or respi	ratory arrest,	Approximate			
(IMMEDIATE CAUSE (Fins)	on biny bile cause bit esc	n iine.					Interval Between Onset and Death			
	disease or condition resulting in desth) s. Siloblastoma										
	DUE TO (OR AS A CONSEQUENCE OF):										
Ž											
CERTIFICATION	Sequentisliy ilst conditions, If any, lesding to immediate	DUE TO (DR AS A C	7:								
2	cause. Enter UNDERLYING CAUSE (Disease or injury	0115 70 400 45 4 0									
Ë	that initiated eventa resulting in desth) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	7):				4			
岜	d.										
_	PART II. Other algnificant conditions	contributing to desth but	not resulting i	n the under	lying cause given in			24b. WERE AUTOPSY FINDINGS			
EDICA						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME								1 VES 2 PNO			
	DID TOBACCO USE CONTR	BUTE TO CAUSE OF	DEATH YE	S NO	UNCERTAI	N					
SI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	PLACE OF DEAT		one)						
PHYSICIAN:		HOSPITAL: 1 Inpetient 2 I ER/Outpeti	ent 3 🗆 DOA	OTHER:	Nome 5 & Residence	8 Other (Specify)	no, off	e Cara)			
PH	27. MANNER OF DEATH	28a. DATE OF IHJURY (Month, Day, Year)	28b, TIMI	E OF 280 URY	: INJURY AT WORK?	28d. DESCRIBE NOW I	HJURY OCCURE				
В	1 Netural 5 Pending 2 Accident Investigation			M 1	YES 2 NO						
a	3 Suicide s Could not be	28e. PLACE OF INJURY — building, atc. (Specify	At home, farm, a	treet, factory,	offica	281. LOCATION (Street a City or Town, State)	ind Number or Ru	rai Route Number,			
ETE	4 Homicide determined										
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	AN: To the best of my knowled	ge, death occurre	d at the time,	date and place, and due	to the cause(e) and man	ner ee stated.				
COMPL		On the besie of examination a						se(e) and manner as stated.			
- 1	296. SIGNATURE AND TITLE OF SERTIFIER	(0)	. \ -	, ~	29c. LICENSE NUI		29d. DATE SIGI	NED (Month, Day, Year)			
O BE	Mit	1869	ictore	ian) 038	162		-30-96			
		COMPLETED CAUSE OF DEAT					-	- 10			

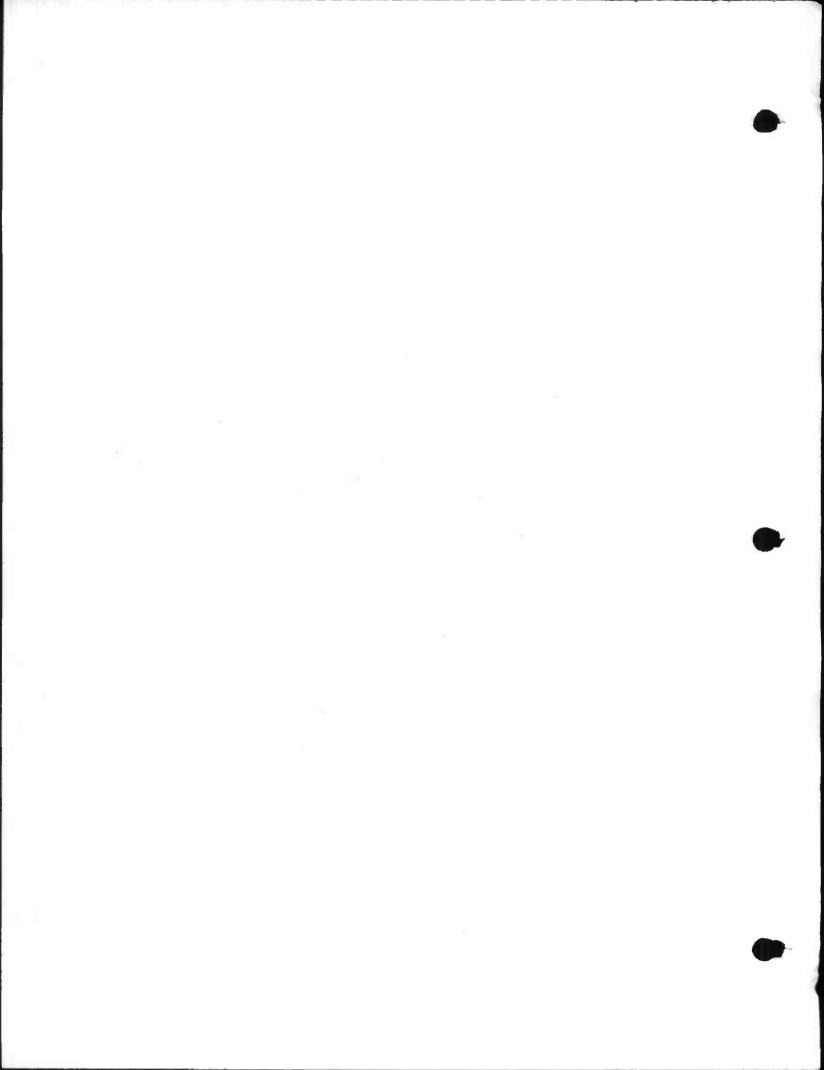
106/21

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

an 32! REGISTION'S SIGNATURE

DEC31 1996

wdzi



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

40985

Physician /Medical Examiner

Director

Funeral

þ

Completed

Be

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

Medical

1. Decedent's Nama (First, Middle, Last) **JAMES** FRANCIS 4a. Facility Name (If not institution, give street and number)

HOLTGREVE JR.

Yrs.

2. Date of Death Month Day Year December 24, 1996

3. Time of Death 0035a

701 SEABORNE DR. 5. Social Security Number

PASADENA If Under 1 Yaar | If Under 24 Hrs. 7. Age (In yrs. last birthday)

10f. Zip Code

Days

ANNE ARUNDEL

Funeral Director

Usual Rasidence of Decedent 10a. State 10b. County

212-82-9183

10c. City, Town or Location

32

8. Date of Birth (Month, Day, Year) 08-18-1964 Birthplaca (State or Foreign Country)
 MARYLAND 10d. Inside City Limits

10g. Citizen of What Country?

ELECTRICAL

BALTIMORE. MD.

4c. County of Death

MARYLAND

ANNE ARUNDEL

1 DM 2 □ F

PASADENA

1 Yas 2 No

10e. Street and Number

701 SEABORNE DRIVE

21122

U.S.A. 14. Race - American Indian, Black, White, etc.

11. Maritai Status

1 Never Married 2 Married 3 Widowed 4 Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Dates:

 Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Yes 2 XNo Specify:

Hours

WHITE Specify:

15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12)

College (1-4or 5+) N/A

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry COMMERCIAL & RESIDENTAL

OWNER/OPERATOR

17. Father's Nama (First, Middle, Last)

JAMES

FRANCIS HOLTGREVE SR.

18. Mother's Neme (First, Middle, Maiden Sumame) NAOMA DORIS

19a. informant's Name/Relationship (Type, Print)

NAOMA BLANKENSHIP (MOTHER) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code)
305 W. TENTH AVENUE. BROOKLYN PARK, MD. 21225

20a. Method of Disposition

Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. Place of Disposition (Name of cemetery, crematory or other place) CEDAR HILL CEMETERY 20c. Location - City or Town, Stata

22. Name and Address of Facility SINGLETON FUNERAL HOME,

21. Signature of Funeral Service Licensee

1 SECOND AVENUE S.W., GLEN BURNIE, MD. 21061

12/30/96

chau 10 tean 23a. Part1. Enter the diseasa, or complications that divined the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause of the line.

Immediate Cause (Final a Multiple Gunshot and Stab wounds

Due to (or as a consequenca of):

disease or condition resulting in death)

Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

Dua to (or as a consequenca of):

Due to (or as a consequence of):

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 2 No 3 ☐ Probably 4 ☐ Unknown

24e. Wes an autopsy performed?

24b. Were sutopsy findings aveilable prior to completion of causa of death?

1 Yes 2 □ No

1. Yes 2□ No

Approximate Interval Between Onsat and Death

25. Was case referred to medical 1X Yas 2 No

27. Menner of Death

1 Natural

2 Accident

4.2 Homicide

3 Sulcide

5 Pending

Hospital: 1 | Inpatlant 2 | ER/Outpatient 3 | DOA 28a. Date of injury (Month, Day Year) 28b. Time of

Found 12-24-96 unknown

28e. Place of Injury - At homa, farm, street, factory, office building, afc. (Spacify)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1.

28c. Injury at Work? 1 Yas 2 No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

26. Place of Death (Check only one)

Subject was shot and stabled 281. Location (Street and Number or Rural Route Number, City or Town, Stata) 701 Seaborne Orive Home Pasadeng, Manyland 21122

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the cause(s) end manner as stated.

29a. Certifier (Check only one)

2 Medical Examinar: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) end manner stated. 29c. Licansa number

29b. Signatura and title of certifier

Investigation

6 Could not be determined

O.C.M.E.

DECEMBER 24, 1996

29d. Data signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 25%) (Type, Print)

Radentz 51 cphyn S, F 31. Date filed (Month, Day, Year) MD 111 Penn Street, Baltimore, Maryland 21201

State Registrar

DEC 27 1996

32. Registrer's Signature

4b. City, Town, or Location of Death

the Maryland a or 28a-f ahow to notified at death with ns 23a "natural", or Itams the Medical

filed within 72 hours after nd Mental Hygiene. marked other than traumatic avant. Pages 1 and 2 should be nent of Health and Mental Health a other Hem = 8 permit. Page Department of Important: If any Injury or once.

Physician

physician

signed by the atte

peen has

this certificate

filled in by

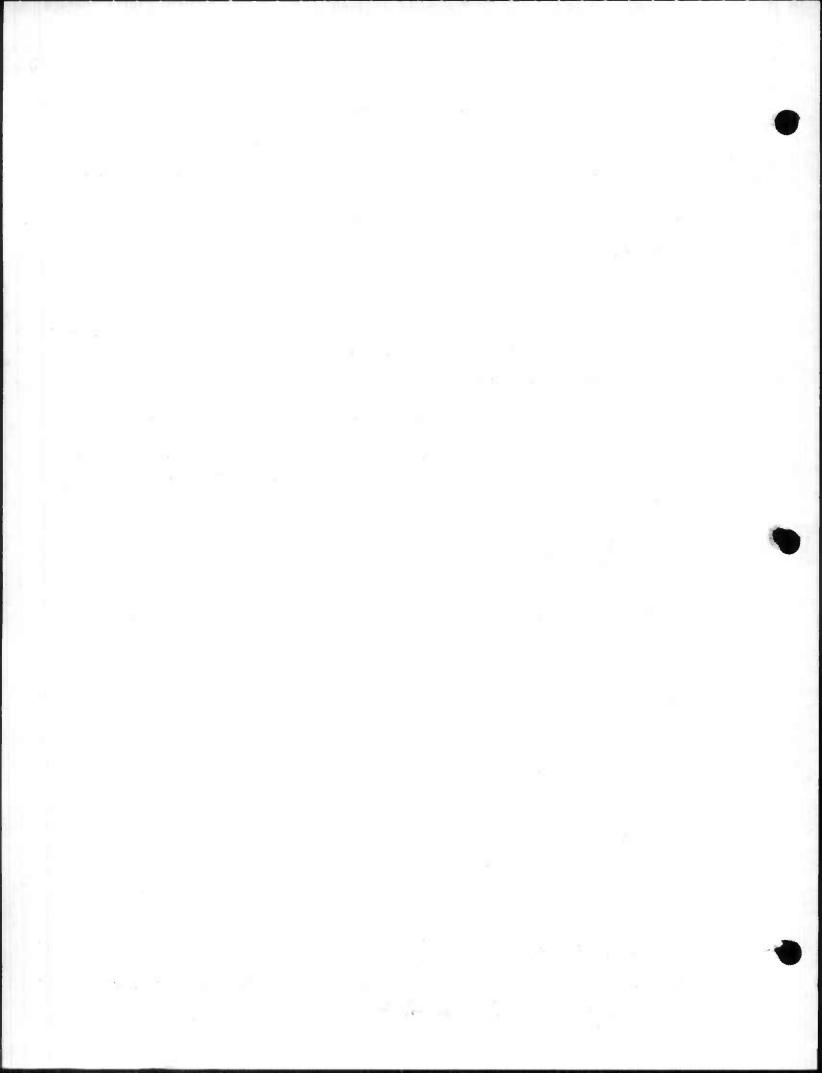
To the Hospital within 24 hours a To the Funeral Completely filled

21215-0020

Baltimore, Maryland

/Medical Examiner The law requires that the death certificate be executed Box 68760. P.O. Records, Division of Vital al or Attending Physician: The safer death.

Il Director: After this certificate of in by the funeral director, pa



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Cei	tificate of	Death	Reg. I		40986	
	Physic	ian	1. Decedant's Nama (First, Middla, Las	" T 110	00:0			2. Data of Death Month	Day	3. Tima of Death	
	/Medi		LOUISE	1. HF	IKK!)		SCHOOL AND A	² 3	196 1:45 r.m.	
	Examir	ner	4a. Facility Nama (If not institution, giva	street and number)	105DI	This	4b. City, Town, or Loc	ation of Death	Ac. County o	E ADILLIDE	
-			5. Social Security Number 6. Sa	7. Aga //n i	yrs. last birthday)	If Undar 1 Yaar	If Undar 24 Hrs.	8. Data of Birth	1111	9. Birthplaca (Stata or Foreign	
	Funeral Director			□M 2/CXF 45		Months Days	Hours Min.	(Month, Day, Yel	951	Country) MARYLAND	
	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Mexical Examiner must be notified at once.	Funeral Director	Usual Rasidance of Decedant								
			10a. Stata 10b. County 10c. City, Town or Location SEVERN							10d. Insida City Limits 1 ☑ Yas 2 ☐ No	
			10e. Street and Number 10f. Zip Coda				10g. Citizen of What Country?				
		ā	1717 CIRCLE ROAD 21144					Tog.		JS	
		nera	11. Maritai Status	12. Was Decedant Evar in Armed Forcas?	n U,S. 13. \		Hispanic Origin? (Spec pan, Maxican, Puarto P	cify Yas or No-	14. Race	- Amarican Indian,	
id 21215-0020		by	1 ☐ Navar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced ☐ Yas Giva Yaar or Datas:			1 ☐ Yas 2 ☒ No Specify:			n, atc.) Biack, Whita, atc. Specify: BLACK		
		Completed	15. Decedant's Edu (Specify only highast grad		(Giva	lant's Usual Occu kind of work dona	during most of workin	g 16b.	. Kind of Bus	ninass/Industry	
		dmo	Elementary/Secondary (0-12)	College (1-4or 5+)		OO NOT use retire	PROVIDER		SELF I	EMPLOYED	
		Be Co	17. Fathar'a Nama (First, Middla, Last)	Tyr.	011.	LED OTHER	18. Mothar's Nama				
/a		ToB	JAMES CONWAY				LOUISE H	HALL			
, Maryland			19a. informant's Name/Ralationship (Type, Print) CHARDON QUEEN (DAUGHTER)			19b. Mailing Addrass (Street and Number or Rural Ro 1717 CIRCLE RD. SEVERN, M					
Baltimore,			20a. Mathod of Disposition 1 ⊠ Burlai 2 □ Cramation 3 □ I 4 □ Donation 5 □ Other (Specify,	Ramoval from Stata	b. Place of Dispo cematary, cren IACEDONIA	natory or other pla	CEMETERY			Dity or Town, Stata	
Balti			21. Signature of Funaral Sarvica Licensea 22. Nama and Addrass of Facility WM. REESE & SONS MORTUARY, P.A.								
			23a. Part1. Entar tha disaasa, or complications that causad tha death. Do not antar tha mode of dying, such as cardiac or raspiratory arrest, interval Batween Onset and Death Immediata Causa (Final disaasa or condition resulting in death) a. April REPLATIBLY DISTRESS SYNDOME with Supplications that causad tha death. Do not antar tha mode of dying, such as cardiac or raspiratory arrest, interval Batween Onset and Death Approximate interval Batween Onset and Death Dua to (or as a consequence of):								
	Physician /Medical Examiner	ner									
	tificate be executed og physician and as the burlal-transit	Examiner	Sequentially list conditions.	0.	o (or as a conseq	_					
0,		Ex	Sequentially list conditions, if any, laading to immediate cause. Entar Underlying Ceuse (Disease or injury that initiated evants rasulting in death) Last Dua to (or as a consequence of): Dua to (or as a consequence of):						=		
68760,	physic the b	Medical									
		/Me	d								
Вох	To the Mospital or Attending Physicien: The law requires that the death certificate be within 24 hours after death. To the Funerel Director: After this certificate has been signed by the attending physicial completely filled in by the funeral director, page 2 should be detached for use as the bur	clan	D					1 200 20000		1	
P.O.		Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					23b. Did tobacco use contribute to the cause of death? 1 Yes 25/No 3 Probably 4 Unknown			
		by P	CHRONIC INTERSTITIAL FIBROSIS					13.100 23.100 53.10033, 436.1111			
Records,		Completed t						24a. Was an au performed	itopsy	24b. Wara autopsy findings available prior to completion of cause of death?	
								1 □ Yas	2 No	1 Yas 25 No	
of Vital		Be	25. Was casa raferred to medicat axaminar?				26. Place of Death	(Check only one)			
5		7	1 Yas 2 No Hospital: 12 Inpetiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Sp.								
UQ	Jing P. After funer	tion	1 Natural 5 ☐ Pending	28a. Data of Injury (Month, Day Year	28b. Tima of Injury	28c. fnju Wo	ork?]Yas 2□No	8d. Dascribe how in	njury occurre	ed .	
Division	Attending in death.	fical	3 ☐ Suicida 6 ☐ Could not be	e con Blace of Indian At home form about dates office		281. Location (Street and Number or Rural Routa Number,					
O.	a after	Certification:	4 Homicida	building, etc. (Specify)				City or Town, St	City or Town, Stata)		
	To the Hospital or Attending Phys within 24 hours after death. To the Funerel Director: After this completely filled in by the funeral di	edical C	29a. Certifiar (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the tima, data and place, and dua to the cause(s) and manner ss stated. 2 Medical Examinar: On the best of axamination and/or invastigation, in my opinion, death occurred at the tima, data and place, and dua to the cause(s) and manner stated.								
	Vithing To the Comp	Σ	29b. Signatura and titla of certifiar			29c. Lican	sa number	29d.	Data signed	(Month, Day, Year)	
			ASRAT.	mo)	D4:	397]	Du	inter	23 1996	
			30. Nama and address of person who completed cause of death (Itam 23a) (Type, Print) ANDRO DEFINO: 30) HOSPITAL DRIVE. GEN BURNE MS. 2106)								
	Sta	ite	31. Data (led (Month, Day, Yaar) 32. Registrar's Signature								
	Registr	ar	DEC 3 0 19	96 Gulian	Tavidson-R	ndell.					

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Date of Death 3. Time of Death Month Vaer **Physician** MARY M. HOULT DEC. 1996 24 /Medical 5:00 PM 4a. Facility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner **EDGEWATER** ANNE ARUNDEL PLEASANT LIVING NURSING CENTER If Under 1 Yaar If Undar 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month, Dey, 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthpleca (Stata or Foreign **Funeral** 1□M **%**□F 81 VIRGINIA Yrs. 226-18-0293 Director Usual Residence of Decedent the Maryland 10a. Stete 10c. City, Town or Location 10b. County permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Manylan Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other thaumatic avent, the Medical Essiving mast he notified at any injury or other thaumatic avent, the Medical Essiving mast he notified at 10d. Inside City Limits 1 X Yes 2 ☐ No Director MARYLAND ANNE ARUNDEL ANNAPOLIS 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 21401 US 29 W. WASHINGTON STREET Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Bleck, White, etc. 11. Merital Status 2 should be filed within 72 hours effer on and Mental Hygiene. Is marked other than "natural", or item 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 WHITE 1 ☐ Yas 2 No Specify: by 3 ₩idowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) PRIVATE DUTY 8th LPN (NURSE) 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be FLORENCE E. DRUMHELLER MATTHEW F. BURTON 0 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) RICHARD MAGEE (NEPHEW) 1327 FISHING CREED RD. ANNAPOLIS, MD. 21403 20b. Plece of Disposition (Name of Missing Competers) or other plece EME. 20c. Location - City or Town, State 20a. Method of Disposition Dete 12/28/96 LOTHIAN, MD. 1 Surial 2 □ Cremetion 3 □ Removel from State 4 □ Donation 5 □ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name and Address of Fecility WM. REESE & SONS MORTUARY, P.A. Tree an 821 WEST ST. ANNAPOLIS, MD. 21401 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feiture. List only one cause on each line. Approximete Onset and Deeth **Physician** /Medical Immediata Causa (Finel disease or condition resulting in deeth) Examiner Due to (of as a consequence of) 2 weeks Examiner Mumon 10 physician and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): 88 USB detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 Yss 2 No 3⊠ Probably 4 Unknown by 24e. Was an autopsy periormed? 24b. Were eutopsy findings available prior to Completed completion of cause of death? page 2 1 ☐ Yas 2 ☐ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifice 25. Wes case referred to medical axaminer? Be 26. Place of Deeth (Check only one) Hospital: 1 Yas 2 No Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) funeral 27. Manner of Deeth Certification: 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? (Montin, Day 5 Pending none 1 ☐ Yes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ SuicIde 28e. Plece of Injury - At home, lerm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homlcide Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29e. Certifier Medical 29b. Signeture and title of certifier 29c. Licansa number 29d. Dete signed (Month, Day, Year)

Annapolis

State Registrar 31. Dete filed (Month, Dey, Yeer)

30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print)

DEC 3 0 1990

bes MD

32. Registrer's Signeture

Julia Vairdson

State of Maryland / Department of Health and Mental Hygiene 40988 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physician** Month Vaar Melvin Snow Hastings 4:00 am 20,1996 December /Medicai 4a. Facility Nama (If not Institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 112 Water Street SevernaPark Anne Arundel If Undar 1 Yaar if Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** Days 1 XM 2 F 027-18-8309 Yrs. Director 73 1923 Massachusett Usual Rasidanca of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Severna Park MD Anne Arundel 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Cifizan of What Country? 21146 112 Water Street USA Funeral 12. Was Decedant Evar In U.S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ⊠ Yas 2 No If Yas, Giva Yaar or Datas: ✓✓✓✓II 1 Nevar Married 2 Married 1 ☐ Yaa 2X No Specify: White þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education ify only highest grade completed) 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest g Westinghouse Elementary/Secondary (0-12) Collega (1-4or 5+) Electrical Engineer Defense Contractor 5+17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nema (First, Middle, Maiden Sumama) Be Carrie Snow Charles Hastings 19a. Intorment's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Margaret Hastings/wife 112 Water Street, Severna Park, MD 21146 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Dec 24 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Crownsville Vet. Cem. 1996 Crownsville, 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Fanaral Service Licep 22. Nama and Addrass of Facility Barranco & Sons, P.A. Severna Park Funeral annu Home 495 Ritchie Hwy, Severna Park, MD21146 23a. Par Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, which or heart tallura. List only one cause on each line. Approximeta tntarval Batw Onset and Death **Physician** CARCINOMA /Medical Immediata Causa (Finel disaasa or condition rasulting in daath) Examiner Sequentially list conditions, if any, leading to immadiata cause. Entar Undarfying Causa (Disaase or injury that initiated events rasulting in death) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequanca ot): Part II. Other significant conditions contributing to death but not rasuiting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 | Yas 2 | No 3 | Probably 4 | Unknown by 24a. Was an autopsy performed? 24b. Were autopsy tindings available prior to completion of cause of death? Completed 1 Yes 2 No 1 ☐ Yas 2 ☐ No 25. Was casa retarrad to medical Be 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Aasidance 6 Other (Specify) 1 Yas 2 No 2 1 inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 1 Anatural 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? Certification: 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be detarmined 3 Sulcida 28t. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Place of tnjury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida 1 Gertifying Physician: To the best of my knowledga, death occurred at tha tima, data and place, and dua to the cause(s) and manner as stated. 29a. Cartifier Medical 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and 29c. Licansa number 29d. Data signed (Month, Day, Year) Nama and address of person who complated cause of death (Itam 23a) (Type, Print) 7845 OAKWOOD RO. H301 GLENBUME, MD 21061 ERTZMAN MD. 31. Data filed (Month, Day, Year)

State Registrar



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permit. Pages 1 and 2 should be filed within 72 hours after death with Department of Health and Mental Hygiene.

The marked other than "natural", or items 23a or in the 11 in the 12 in t

burial-transit

physician s the buria

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page 2

in by the

certificate

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifice

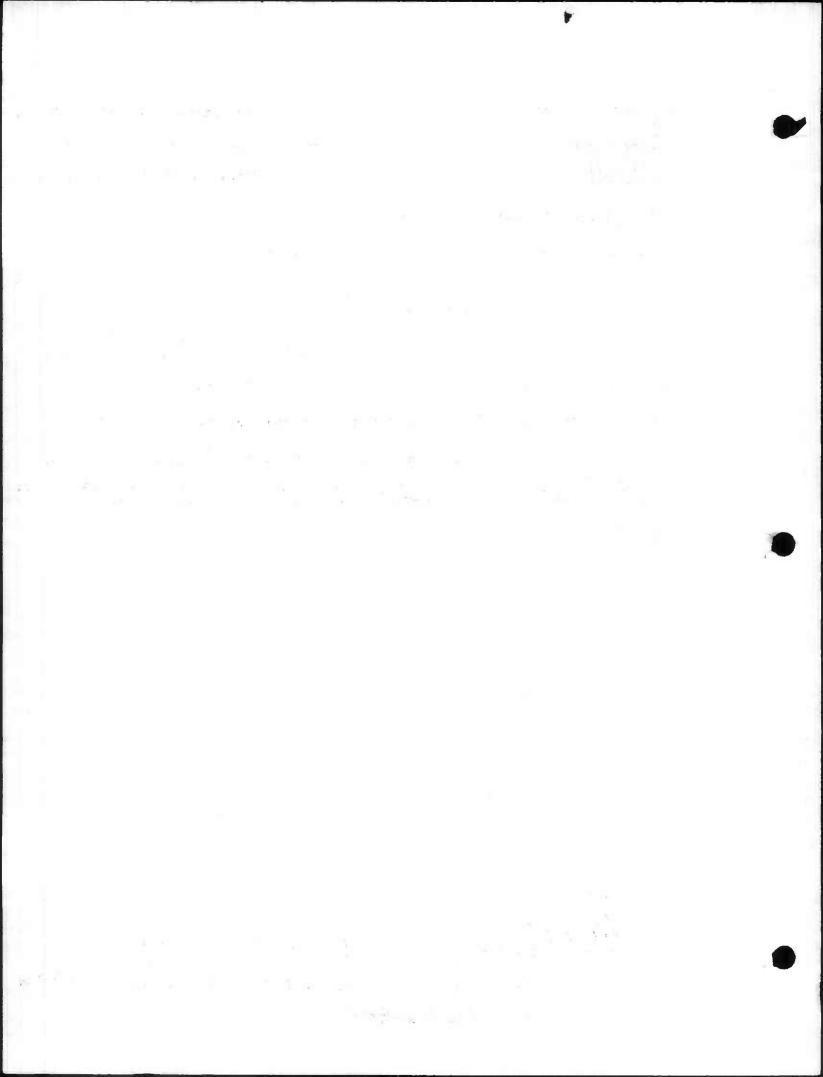
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Records, P.O. Box 68760.

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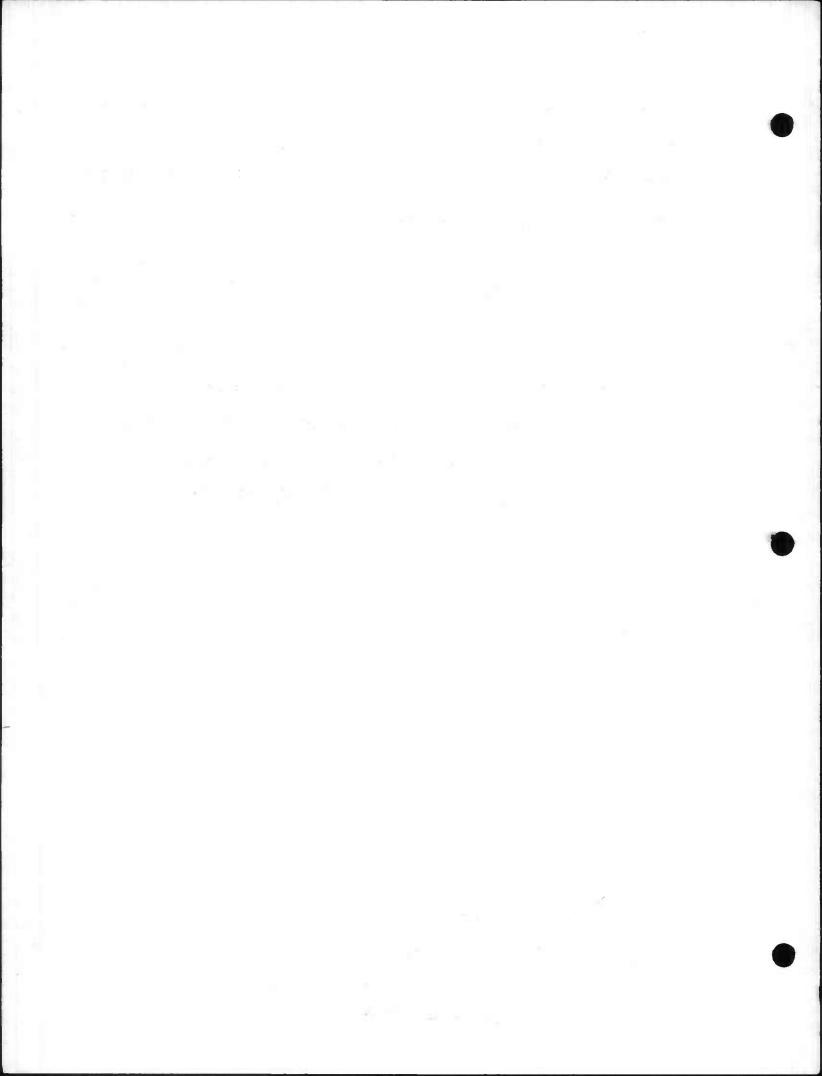


State of Maryland / Department of Health and Mental Hygiene

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	land		Usual Residence of Decedent 10a. State 10b. Cou		10c.	City, Town	or Location					100	d. Inside City Limits
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	or 28	Director	10e. Street and Number				10f. Zip C	ode			10g. Citizen of	What Countr	y?
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	To Too	×	29b. Signature and title of con		B1R6171	A ME	29c. L	icens	D 5015	-2	29d. Date sign	ed (Month, D	
			30. Name and address of pers	on who completed ca AL COCHI	ause of deeth (iii	DR (T)	PP, Print) ANNA	POL	is ho	21401			

State Registrar

31. Dete filed (Month, Day, Year)
DEC 3 1 1996



State of Maryland / Department of Health and Mental Hygiene 40990 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tim f th **Physician** James Gay Haupt December 3. 1996 7:09 p.m. /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death Magnolia Hall Nursing Home Chestertown Kent | If Undar 1 Year | If Undar 24 Hrs. | 8. Date of Birth Months | Days | Hours | Min. | January 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 6. Sax 9. Birthplaca (Stata or Foreign Funeral 1**√**M 2□ F 1914 Philadelphia, 82 Yrs. 185-09-9023 Director Usual Rasidanca of Dacedani Pennsylvania a or 28a-f show 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 1 Yas 2 No Director Maryland Queen Annes Centreville 10e, Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3017 Price Station Road items 23a 21617 U.S.A. 11. Marital Status Was Decadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Married 2 Married naturel', or 1 Yas 2 No Specify: þ Specify: 3 ₩ Widowad 4 Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) lith and Mental Hygiene. 27 is marked other than "r r trsumatic event, the Med Elamantary/Secondary (0-12) Collaga (1-4or 5+) Heating/Engineering Consultant Plumbing/Heating 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middia, Maidan Surnama) Peges 1 and 2 should be fill ment of Health and Mental Hant: if item 27 is marked oth jury or other trsumatic even Be Edward Haupt Florence Gay Bloomer 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Constance Jacobs/Daughter P. O. Box 815, Chestertown, Maryland 21620 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Chestertown, Maryland 1 XBurlal 2 Cramation 3 Ramoval from Stata permit. Pege Department of important: If any injury or once. 4 ☐ Donation 5 ☐ Othar (Specify) St. Pauls Cemetery/December 8, 1996 21. Signatura of Funaral Sarvice Licanse Fellows, Helfenbein & Newnam Funeral Home, P.A. 130 Speer Road, Chestertown, Maryland 21620 23a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one posses on each line. **Physician** /Medical Immadiata Causa (Final CHRONIC OBSTRUCTIVE PULMONARY DISTRE disaasa or condition rasulting in daath) Examiner Examiner Sequantially list conditions, if any, laading to Immadiata causa. Enter Underlying Causa (Disaase or Injury that initiated avants rasulting In daath) Last and Dua to (or as a consequence of): Physician/Medicai Dua to (or as a consaquance of): USB Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown CANCER BLADDER þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performad? 1 ☐ Yas 2 No 1 Yas 2 No certificate Be 25. Was casa rafarrad to medical axaminar? 26. Placa of Daath (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 Yas 2 No this funeral 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? After 5 Panding Invastigation 1 Natural after death. Director: Af 2 Accidant 1 Yas 2 No 6 Could not ba datarminad 3 Suicida 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital of within 24 hours a To the Funeral Completely filled in the Filled in Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifiar (Check only one) 29c. Licensa number 29d. Data signed (Month, Day, Year) 15+1

State Registrar

31. Data filed (Month, Day, Yaar)

DEC 05

30. Nama and addrass of parson who complated causa of daath (Itam 23a) (Type, Print)

Dr. Helen Noble, 122 Speer Road, Chestertown, Maryland

Sulia Davidson

32. Registrar's Signatura

DHMH 16 Rav 6/95

filed within 72 hours after

The law requires that the death certificate be executed

P.O. Box 68760.

Records,

of Vital

Division

or Attending Physicien:

Baltimore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

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Sa or		200 Morgnec Rd.			21620			10g. Citizen of W USA	vnet Country?
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Department of important: If is any injury or once.		1 ☐ Burial 2 ☑ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci	Themover nom State				12/9/96	Steven	sville, Md
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State of Maryland / Department of Health and Mental Hygiene 40992 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Leasth **Physician** Month Verial Marshall Harn 20,1996 December 9:50PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner | Chester co....|
| If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Y May 24, 1 Magnolia Hall Nursing Home Kent 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign **Funeral** 1√ M 2□ F South Dakota 70 Vrs 1926 Director 503-20-7443 Usual Residence of Deceden with the Maryland Show 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limita 7 is marked other than "natural", or items 23a or 28a-f show traumatic avent, the Medical Exaction must be notified at 1 Ves 2 No Directo Maryland Kent Chestertown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 10713 Horseshoe Lane 21620 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic OrlgIn? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. Peges 1 end 2 should be filed within 72 hours after inent of Health end Mental Hygiene.
ant: If item 27 is merked other than "natural", or item iny or other traumatic avent, fre Medical Example iny or other traumatic avent, fre Medical Example. 1X Yes 2 No If Yes, Give Yeer or Detes:1944-1947 1 Never Married 25 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 Z No þ 3 ☐ Widowed 4 ☐ Divorced Specify: White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Dve Master Clothing 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Melden Sumeme) Be Guy Harn Madge (nee unknown) Harn 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) June Mench Harn 10713 Horseshoe Lane Chestertown, Maryland 21620 20b. Piace of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) LLC permit. Pege Department important: If any Injury or Chesapeake Cremation Cntr 12/23 Stevensville, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Fellows Helfenbein, & Newnam Funeral Speer Rd. Chestertown, Maryland 21620 Home 130 23a. Parti. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) umos Examiner Due to (or as a consequence of) Examiner alor physician and s the buriel-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Records, P.O. Box 68760 Physician/Medical 88 esn ò Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 3 Probably 4 □ Unknown 1 Yes 2 No by 24b. Were autopsy findings aveilable prior to completion of ceuse of death? 24a. Was an autopsy performed? Completed 1 Yes 20 No certificate Division of Vital 25. Was cese referred to medicel Be 26. Place of Death (Check only one) examiner? 1 Yes 2 VNo Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred To the Hospital or Attending Pwithin 24 hours after death.
To the Funeral Director: After the completely filled in by the funeral Certification: After 1 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifia: 5 Medical 29b. Signature and title of certific 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Point) Dr. Harry Paul Ross, 516 Washington Avenue, Chestertown, Maryland 31. Date filed (Month, Day, Year) 32. Registra's Signature

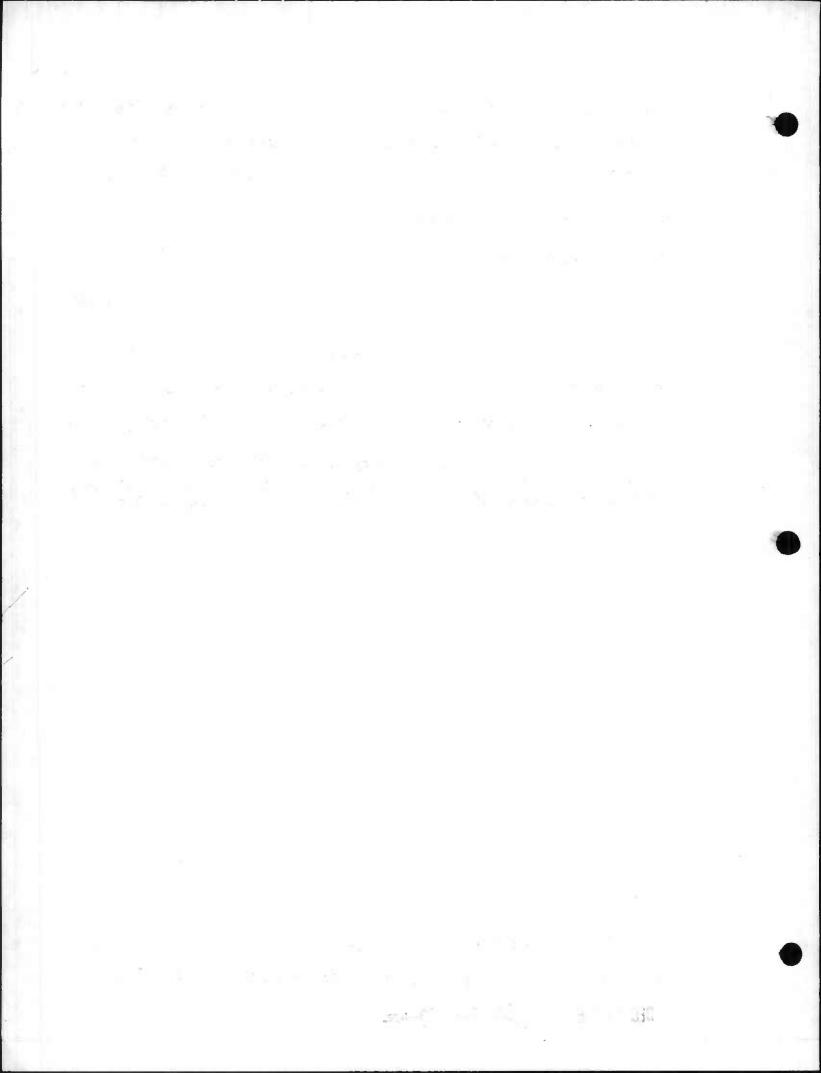
Guna Davidson

DHMH 16 Rev 6/95

State Registrar

				State of	Marylan	-	rtment of I		nd Mental Hy	ygiene Reg. No.	96	40993
	Physic	ian	Decedent'e Neme (First, Middle, I	,					2. Dete of D Month	eath Dey	Yeer	3. Time of Deeth
4	/Medi	cal	Eunice Celes 4e. Fecility Nema (If not institution, g		utchi	ns		4h City Town	December, or Location of Dee	er 11,	1996 ty of Death	11:35 p.m.
1	Exami	ner	600 Cannon Stre			t Home)		ertown	Ke		
	Funeral Director		5. Social Security Number 6. 212–38–7703	-	Age (In yrs. In 96		If Undar 1 Year Months Deys	If Under 24		irth ley, Year)	9. Birth	place (Steta or Foreign ritry) Land
	and ow		Usuel Residence of Decedent 10e. Steta 10b. County		10c. City	, Town or Loc	ation					10d. Inside City Limits
	Mary Mary	tor	Maryland Ken	t	Che	sterto	wn				- 33	Yes 2□No
	or 28	Director	10e. Street end Number				10f. Zip Code			10g. Citizen o	Whet Cou	ntry?
	s 23a		600 Cannon Stre				2162			U.S		
020	ould be filed within 72 hours after death with the Maryland Mental Hyglene. arked other than "natural", or items 23a or 28a-f show atte event, the Medical Exertine must be notified at	by Funeral	11. Marital Stelus 1. ② Never Merried 2 ☐ Married 3 ☐ Widowad 4 ☐ Divorced	12. Wes Deceded Armed Force 1 Test 2 If Yes, Give Yaar or Date	es? No	if	Yes, specify Cub	an, Mexicen, P	? (Specify Yes or N Puerto Ricen, atc.)		eck, White,	can Indien, , etc. Black
5-0	72 ho		15. Decedent's l	Educetion rada completed)		16e. Deced	ent's Usuel Occup and of work dona	pation	f working	16b. Kind of	Business/Ir	ndustry
21215-0020	within ane. than •	Completed	Elementery/Secondery (0-12)	College (1-4	or 5+)	life. D	O NOT use retire	d)	Working	Edu	catio	n
d 2	o filed within al Hygiene. I other than 'vent, tr M	Be Co	17. Fether's Neme (First, Middle, Las	it)			Teacher		Neme (First, Middle			11
ylar	should be nd Menta marked umatic ev	To B	Charles Hutchin	S				Marjor	ie (Maide	n Name	Unkno	wn)
Maryland	2 sho and I is me		19e. Informent's Neme/Reletionship						or Rural Route Num			
	1 and Health am 27		Theodore A. Hut 20e. Method of Disposition	chins/Nep			IELEA PLA	ace - A	JZ, New R	20c. Location		York 10801
mor	Pages nent of I int: If its ury or o		1 ☑ Buriel 2 ☐ Cramation 3 4 ☐ Donetion 5 ☐ Other (Spec		ata ce	emetery, crem	etory or other ple		1			
Baltimore,	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any Injury or other traumatic event, the MODG.		21. Signature of Guneral Service Lice		Jane	22.	Neme end Addre	ess of Fecility				Maryland Home, P.A.
			23a. Pert1. Enter Includesese, or conshock, or hear failure. List only	mplicetions that cau	sed the death.	. Do not ente	Speer the mode of dvi	Road, C	Chestertor	wn, Mary	rland	21620 Approximete
	Physician /Medical		Immediate Ceuse (Finel disease or condition	y one ceuse on eec	h line.		Breas					Intervel Between Onsat and Deeth
	Examiner	-	resulting in deeth)	0.	Due to (or	es e consequ						qui -
,	cate be executed physician and s the burial-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	b	Due to (or	es e consequ	ence of):				1	
x 68760,	eath certificate be attending physicis i for use as the bu	Medical	Cause (Diseese or Injury that Initiated events resulting in deeth) Last	c	Due to (or	es e consequ	ence of):					
Вох	requires that the death certifices is signed by the attending thould be detached for use as	Physician/M	Dod li Other significant conditions	anatally the act of a st		Man 1 - M						
0.	that the deled by the a	hys	Pert li. Other significant conditions	contributing to deati	n but not resul	iting in the un	derlying ceuse giv	ven in Perti.		Yes 2 No		o the cause of death?
	es tha igned be de	þ										
Records,	2 s t	Completed							24e. We	s en eutopsy ormed?	ev cc	fere eutopsy findings valleble prior to empletion of ceusa deeth?
									1 🗆	Yes 2 No	1[☐ Yes 2☐ No
<u> </u>		To Be	25. Wes cese referred to medical exeminer? 1 Yes 2 No	Hospital:	-M 0 -	200	all post Oth	ver:	Deeth (Check only			
יסר	5 5 7		27. Menner of Deeth	28e. Dete of i		P/Outpatient 28b. Time of	28c. Injur	4 LI NUISII	ng Home 5 Res 28d. Describe	how injury occu		y)
Sior	eath. or: After the funer	catlo	1 □Neturei 5 □ Pending 2 □ Accident investigetk	on	Dey rear/	injury		Yes 2□No				
Division of Vital	or Attending is after death. Director: After d in by the funer	Certification:	3 ☐ Suicida 6 ☐ Could not l 4 ☐ Homicide determined	Zoe. Flece of	Injury - At hor etc. (Specify)	ne, ferm, stre	et, factory, office			(Street end Nun wn, Stete)	ber or Run	al Route Numbar,
	spital ours a meral (29e, Certifier 1FT Certifying P	velcian: To the be	st of my know	ledge deeth	occurred at the tir	me date and n	lece, and dua to tha	cause(s) and m	onnar es e	totod
	To the Hospital or / within 24 hours after To the Funeral Dire completely filled in b	edical	(Check only 2 Medical Exa	miner: On the basis end menner	of exeminetic	on end/or inve	estigetion, in my o	pinion, deeth o	occurred et the time	, dete and piece	, and due to	the ceuse(s)
	To the	Σ	29b. Signature and title of certifier				29c. Licans	a number		29d. Date sign	ad (Month,	Day, Yeer)
				una			200	3.54		121	12/9	6
		8	30. Name and address of person who C.G. BACUMA		o BRO		rint) H	Sten	SOWN,	and .	216	20
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Regi	strer's Signetu	ıre						
	Registr	ar	DEC 17 '96	Julia	Davidson	Pandelle						

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 40994

						Certifica	ite of	Death		Re	g. No.	0	700	2 .
			1. Decedent'a Neme (First, Middle,	Last)						2. Dete of Deet	h	M	3. Time o	of Death
	Physici /Medi		Alexandria E.		Hunt					November	24, 1	1996	10:00) p.m.
F	Examir		4e. Facility Name (If not institution,	give street and number)				4b. City, To	wn, or Lo	cation of Death	4c. Count			-
			Magnolia Hall Nu	rsing Home			,	Che	ster	town		Kent		
	Funeral				ge (in yrs. iast b		er 1 Year		24 Hrs.	8. Date of Birth		9. Birth	piace (Stete	or Foreign
	Director		045-14-1201	1□ M 2XF	87	Yrs. Month	s Deys	Hours	Min.	8. Date of Birth (Month, Day, July 22,	1909	New	piace (Stete ntry) York (lity
	v		Usual Residence of Decedent						II	- u-j,				
	ylan		10a. Stete 10b. County		10c. City, Tov	vn or Location							10d. Inside C	City Limits
	Ma Feed	ż	Maryland Ker	it	C	hestert	own						1 X Yas	s 2□No
	r 28	Directo	10e. Street and Number				ip Code			10	Og. Citizen of	What Cou	ntry?	
	3a o	0	200 Morgnec Road	l			2162	20			U.S.	A.		
	s i and 2 should be filed within 72 hours efter death with the Maryland Heelth and Mental hygiene. Item 27 Is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	Funeral	11. Marital Stetus	12. Wes Decedent		13. Was De	edent of I	Hispanic Orl	lgin? (Spe	ecity Yes or No-			can indian,	
0	or its		1 ☐ Never Merried 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 🔀				en, Mexicar		Rican, etc.)		ck, White,		
21215-0020	urs u	b	3 ☑ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1 ∐ Yes	2 🗗 No	Specify:			Specia	y: Wh	ite	
0	2 ho	Completed	15. Decedent'a	Education	168	. Decedent's U	uel Occu	pation			16b. Kind of E	lusiness/In	dustry	
21	hin 7	pie	(Specify only highest s Elementary/Secondery (0-12)	College (1-4or	54)	(Give kind of life. DO NOT	use retire	during mos d)	t of works	ng				
2	d with	E O	12	Conege (1-401	,	Home	nakei	_		I	Domesti	ic/Ow	n Home	3
D	other other	Bec	17. Father'a Name (First, Middle, La	st)				18. Mothe	er's Name	(First, Middle, N	fa <i>iden Suma</i> r	ne)		
a	lents ked ked ic ev	To E	William J. Willi	ams				Emm	na Gi	1bert				
Maryland	2 should be filled within and Mental Hygiena. Is marked other than aumetic event, the Me	-	19a. Informent's Neme/Relationship	(Type, Print)	19	b. Melling Addre	ss (Stree	t and Numbe	er or Rurs	I Route Number,	City or Town	, State, Zij	Code)	
	nd 2 lith a 27 le		Doris L. Bowden	Daughter-i	n-Law 2	1306 Vi	rein	ia Ave	nue.	Chester	ctown.	Mary	land 2	21620
re,	of Hae		20a. Method of Disposition	Daugiteer 1						25°, at 1996				
20	00-		1 ☐ Burial 2 ☑ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe			ake Crema				-				,
altimore,	교원론증		21. Signature of Furieral Service Lic		u Esape						evensvi			
Ba	Depa Impo any Ir		14.	1 1.11	2-					& Newna				
			Harry B	Teller	uD		-			stertown		Land		
			23a. Part1. Enter the disease, or co shock, or heart failure. List on	implications thet caused by one cause on each li	the death. Do ne.	not enter the m	ode of dy	ng, such as	cardiac o	or respiretory erre	est,	İ	Approxime Interval Be	rtween
1	Physician / /Medical		La contraction of the contraction	D		/						1	Onset and	Death
	Examiner		Immediate Cause (Final disease or condition resulting in death)	· Ker	zhir.	n tons	F	ail	une			1		
		_	resulting ar deatify		One to (or as a	consequence	f):	,						
	p #	Examiner		b. Conce	stive	consequence of	++	acle	ne	ر		[
	entificate be assouted ding physicien and sa es tha burial-transit	хап	Sequentially list conditiona, if any leading to immediate		Due to (or as a	consequence o	l):			Leve	4			
9	cien cien burla		Sequentially list conditiona, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events	a End	SM	e Cli	wre	1015	Strus	elire	Mulu	www	y	
68760,	ohys tha	edicai	thet initieted events resulting in death) Last		Due to (or as	consequence o):			1		1		
×	ding ding sa es	Me		d.						Here	are	į		
9	ath o or u											i i		
o	0 0 0	Physician	Pert II. Other significant conditions	contributing to death b	ut not resulting	in the underlying	cause gi	ven in Part I	١.	23b. Did to	baceo use co	ontribute t	o the cause	of death?
7	requires that the		Herber Luc	e de la la la la la la la la la la la la la	Depue	nain	6	luga	I T	1 1 1 1 Ye	8 2□ No	3 Pro	bebly 4	Unknown
Ś	88 65	by	()		Syn	yacra	/	degi	min			Т		
Hecords,	v requir been s should	Completed	lesine co	el aven	•					24a. Wes an perform	n autopsy ned?	81	ere autopay allable prior	to
9	2 ss ×	ple	- January u	m war								of	mpletion of death?	cause
	a	NO.								1 ☐ Ye	s 2 No	11	☐Yes 2☐] No
Vita	ician: The cartificate rector, pag	Be	25. Was case referred to medical					26. Place	of Deeth	(Check only one	e)			
		0	examiner? 1 ☐ Yes 2 ☑ No	Hospital:	ent 2 ER/O	utpatient 3	DOA O	hor /		me 5 Reside		her (Speci	fv)	
101	g Phys ar this naral di	T:U	27. Manner of Death	28a. Dete of Inju (Month, Da		Time of	28c. Inju			28d. Describe ho			,,	
DIVISION	Attending ir death. ector: After by the funar	atio	1 ☑Natural 5 ☐ Pending 2 ☐ Accident investigat			Injury M		Yes 2	No					
S	s after death. I Director: After in by the fu	iffic	3 ☐ Suicide 6 ☐ Could not determine	be 28e. Piace of Inj building, et	ury - At home, f	arm, street, fact	ory, office		- 1	28f. Location (Str	reet and Num	ber or Run	al Route Nur	n <i>ber</i> ,
5	a after	Certification:	4 Nonicide	building, et	с. (Эреспу)					City or Town	, State)			
	hour hour inera		29a. Cartifier 1 Certifying F	hysician: To the best	of my knowledg	e, deeth occurre	d at the ti	me, dete en	d place, a	and due to the ca	use(s) and m	anner es s	stated.	
	To the Hospital or within 24 hours after To the Funeral Dir complately filled in	edicai	(Check only 2 Medical Expone)	aminer: On the basis of and manner ste	examinetion are sted.	nd/or investigation	on, in my	opinion, dea	th occurre	ed at the time, da	ite and placa,	and due t	o the cause(s)
	To the Hospital or J within 24 hours aftar To the Funeral Dire complately filled in L	Σ	29b. Signeture and title of certifier	-0 -		2	9c. Licen	se number		29	d. Dete signe	ed (Month,	Day, Year)	
			1 / 1111	Cut MI	15			388			11/25	140		
		3	30. Name and add her of person wh	completed cause of d	eath (Item 23e)	(Type, Print)					,,,,,	- ,		der
			John C. Arc	Kotres	Jy 41	× 94	4 W	ARheni.	cha	Ave,	7/2 /e-	me.	2013	11.
	Sta	te	31. Dete filed (Mooth, Pey, Year)	32. Registr	ar's Signature		0 20 7	4	Y	1	ונייוכיקו	1000	ma c	146
	Registr		NUV 26 '9	5 July	a Davidson	-Andere	•					-		

State Registrar

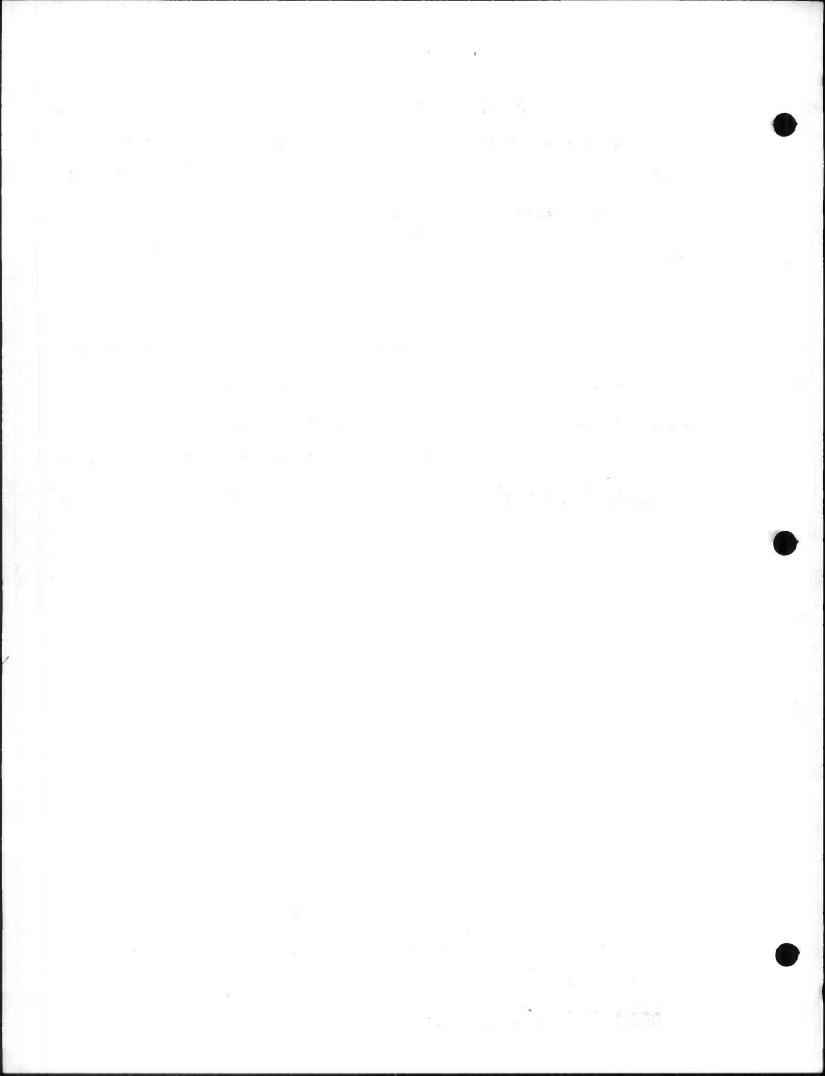
State of Maryland / Department of Health and Mental Hygiene 96

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						Cer	rtificat	e of	Death			Reg. No.		1		
	Dhuaia		1. Decedent's Neme (First, Middle, La								2. Dete of De Month	eeth Dey	Year	3. Ti	ime of Death	
	Physic /Medi		EDGAR	BREWER	IVI	ΕY					12	29	96	19	:36	
	Exami		4e. Facility Neme (If not institution, gir	ve street and number)					4b. City, To	wn, or Lo	ocation of Deat	h 4c. Cou	inty of Death	1		
			ATLANTIC GENER	AL HOSPIT	AL				BERL	IN		Wo	RCEST	ER		
	Funerai			nere .	(In yrs. lest bi	rthday)	If Under Months	1 Yeer Deys		24 Hrs. Min.	8. Dete of Bi	rth sv. Year)	9. Birth	pleca (S	tete or Foreign	
	Director		249-09-9322	110 M 2□ F	83	Yrs.	WORKIS	Doys	riours	141411.	8-9-	13	GE	ORG	Stete or Foreign	
	pg .		Usuel Residence of Decedent 10e. Stete 10b. County		10a Ciby Tay											
	aho a	7	MD. WORCE		10c. City, Tow BERI		Gation								ide City Limits	
	N P	Director			DERE	- 1 11	1 =								Yes 20 No	
	72 hours after death with the Menyland natural, or frams 23s or 28s-1 show itsel Examiner must be notified at		10e. Street and Number 20 ROCKSIDE RO	A D			10f. Zip		811			10g. Citizen		untry?		
	23 a	Funeral				T										
	er de	- n	11. Meritel Stetus	12. Wes Decedent Ev Armed Forces?		13. V	Wes Deced f Yes, spec	tent of cify Cut	Hispanic Orl ben, Mexicar	gin? (Sp 1, Puerto	ecify Yes or No Rican, etc.))- 14. I	Race - Ameri Bieck, White		an,	
	s aff	by F	1 Never Merried 2 Merried 3 ☑ Widowed 4 Divorced	1 ∑Yes 2 No		1	1 □ Yes	2ENO	Specify:			Spe	city: WH	ITE		
	n 72 hours "natural",	b b		Yeer or Detes:	160	Donne	tentin Haus	I Conu	metlen			10h Kinda	4 Business 8	a duata.		
		Completed	15. Decedent's E (Specify only highest gr	ade completed)	Toa	(Give	dent's Usue kind of wor DO NOT us	rk done	during mos	t of work	ing	160, Kind 0	f Business/ir	noustry		
	filed within Hygiene. ther than "	E C	Elementary/Secondery (0-12)	College (1-4or 5+) C.		ENTE		,			CONS	TRUCT	ION		
	ラチサ 年		17. Fether's Neme (First, Middle, Last)					18. Mothe	er's Nem	e (First, Middle	, Maiden Sun	name)			
	0 5 6 9	To Be	UNKNOWN							UNKN	IOWN					
	SPEE	-	19e. Informent's Neme/Relationship	Type, Print)	198	o. Meilln	ng Address	(Stree			al Route Numb	er, City or To	wn, Stete, Z	ip Code)		
	12 6 2 6		DANIEL P. WARD		}	63A	OCE.	-	PINES		BERLIN					
	A B E A		20e. Method of Disposition		20b. Plece	d Dispo	sition (Nen	ne of			Date		on - City or T		ate	
	Pages nent of I mt: If its iry or o		1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special Control of the Cont		WES.		netory or o		IETER'	y 1	1-2	RICHM	OND C	0.,	GA.	
	교투론들 .		21. Signature 3 Funeral Service Lice			22			ess of Fecilit							
	Depa Impo any i		ULLRICH FUNERAL HOME BERLIN, MD.													
	_	Н	23a. Pen1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, Approximate													
	Obusiasa		shock, or heart failure. List only	one cause on each line).	riot orite	01 1110 11100	e or dy	ing, such as	cardiec	or respiretory t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 1	Intervi	al Between	
•	Physician /Medical		Immediate Cause (Final disease or condition resulting in death) e													
١	Examiner															
		ē											į	2	Lour	
	od d ansit	Examiner	Commentative New year Affiliation	4.	ue to (or es e										0045	
	exec in an iel-tr	Exa	Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury		de to (oi es e	conseq	uerica orj.						!			
	entificate be executed ding physician and se as the buriel-transit	edical	thet inflieted events	c	ue to (or es a	consecu	neuca ot).						-			
	tifica ng ph as th	Per	resulting in death) Lest										i			
	0 2 2	M/me		d												
	death he atter ed for u	Physician	Pert II. Other algnificant conditions of	contributing to death but	not resulting i	n the ur	nderlying c	ause g	iven in Pert I		23b. Dld	tobacco usa	contribute	to the cr	ause of death?	
	uires that the der is signed by the a lid be detached for	Phy									10	Yaa 20 N	o 3 Pr	obably	4 Unknow	
	a Se Se	þ														
	v requires been sign should be	ted										an eutopsy ormed?	81	rvallable į		
	aw 2 s	ple											0	ompletion death?	on of cause	
1	Page Page	Completed									10	Yes 2 N	0 1	☐ Yas	2□ No	
	ysician: The s certificate director, pa	Be	25. Wes case referred to medical axaminer?						26. Plece	of Deat	h (Check only	one)				
	Physician: this certific ral director,	2	1 ☐ Yes 2 ☐ No	Hospitel: 1 Inpatient	2 = ER/O	utpatien	t 3□ DO	A OI	ther: ₄□ Nu	irsing Ho	me 5□Res	denca 8 🗆	Other (Spec	ify)		
		:uo	27. Menper of Deeth 1 ☑ Neturel 5 ☐ Pending	28a. Date of Injury (Month, Dey		Time of Injury	2	8c. Inju	ork?		28d. Describe	how injury oc	curred			
1	Attending or death. octor: After by the fune	cati	2 Accident Investigatio 3 Suicide 8 Could not b				М	1 [Yes 2	No						
	X = = =	Certification:	4 Homicide determined		y - At home, fe (Specify)	erm, stre	eet, fectory	, office			28f. Location (City or To	Street and Nu wn, Stete)	imber or Rui	ral Route	Number,	
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in															
	Hosp 24 ho Fune fely f	edical	(Check only 2 Medical Exar	nysician: To the best of minar: On the basis of e	xaminetion en	e, deeth	occurred a	at the t	ime, dete en opinion, dee	d place, th occurr	and due to the ed at the time,	cause(s) end dete and pied	manner as	stated.	ause(s)	
	the the	Med	one) 29b. Signature end title of certifier	end menner state	ed.				se number							
1	8 4 8 4		. 11	K ph	451612					5		29d. Dete sig	I A L	, way, re	our)	
		8	30. Name and eddress of person who Robert Dui	7	/		1	14	728	5		12/0	1919	1		
			Robert Dur	completed cause of deal	He2/12	(Type, I	Print)	~	Ber	la.	MD					
	CA		31. Date filed (Month, Day, Year)	32. Registrer												
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DHMH 16 Rev 6/95

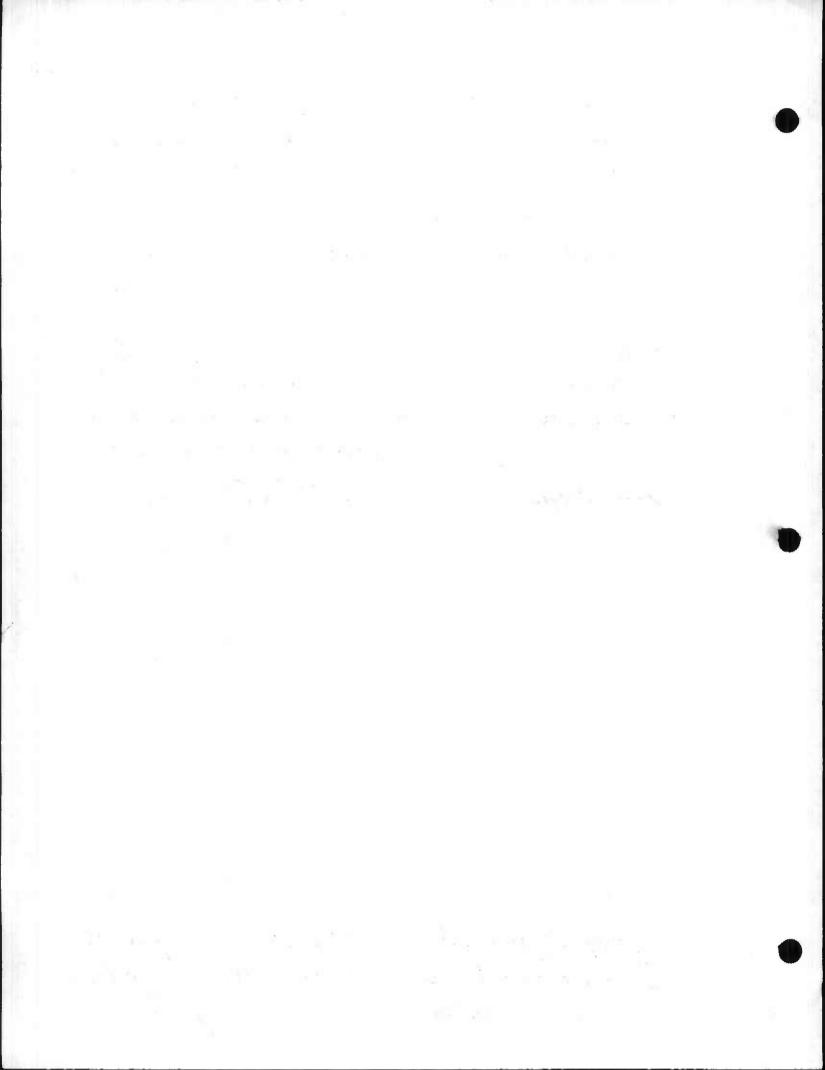
Registrar



State of Maryland / Department of Health and Mental Hygiene

40996 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** DEC. 25 1996 LEBLIE IRELAND, SR. 1830 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** 4c. County of Death ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL If Under 1 5. Social Security Number Yeer If Undar 24 Hrs. 8. Date of Birth (Month, Dey, OCT • 5 9. Birthpleca (Stete or Foreign 6. Sex 7. Age (In yrs. last birthday) **Funerai** ty□M 2□F Days Hours Min 217-16-8463 Yrs 75 MARYLAND Director Usuel Residenca of Decedent 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-1 show traumatic evant, the Madical Exacitner must be notified at 1X Yas 2 No Director MARYLAND ANNE ARUNDEL ANNAPPOLIS 10e. Street and Numbar 10f. Zip Code 10g. Citizen of Whet Country? ò Items 23a 51 COLLEGE CREEK TERRACE 21401 US Funeral death 11. Marital Status 12. Wes Decadant Ever in U,S. Arroad Forces? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puerto Rican, etc.) 14. Reca - Amarican Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer a Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Expens 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Baltimore, Maryland 21215-0020 If Yas, Give Yeer or Detes:1942-46 1 ☐ Yes 2√ No Specify: Specify: BLACK by 3 ☐ Widowed 4 ☐ Divorcad Completed 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grade completed) Elementery/Secondary (0-12) College (1-4or 5+) ANNE ARUNDEL COUNTY LABORER 7th PUBLIC WORKS 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Be WILLIAM IRELAND BERTHA WATKINS 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) LESLIE IRELAND, JR. (SON) 51 COLLEGE CREEK TERRACE ANNAPOLIS, MD. 21401 20e. Method of Disposition 20b. Pleca of Disposition (Neme of Date 20c. Location - City or Town, Stete MARYLAND VETERAN CEMETERY 1/2/97 CROWNSVILLE, MD. 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Sarvice Licensee 22. Nama and Address of Fecility WM. REESE & SONS MORTUARY, P.A. larry 821 WEST ST. ANNAPOLIS, MD. 21401 23e. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory errest, shock, or hear/feilure. List only one ceuse on each line. Approximete Interval Between Onset end Death **Physician** Immediete Ceuse (Finel disaase or condition resulting in deeth) /Medical mwal. Examiner Due to (or es e consequença of): Examiner DISCALC and I-transit the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequenca of) physician ar s the burial-ti Me P.O. Box 68760, Physician/Medicai Due to (or es e consequenca of) as for use as Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by The lew requires 24b. Were eutopsy findings available prior to completion of causa of death? 24e. Wes an eutopsy performed? Completed peed page 2 s 990 1 Yas 2 HNo 1 ☐ Yas 2 ☐ No Division of Vital 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 Yes 2 No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Othar (Specify) this funeral 28e. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred i or Attanding P after death. I Director: After After 5 Pending Investigation 1 PNeturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 2 4 Homicide Hospital or A
 24 hours after
 Funeral Dire Medical 29a. Certifier 1 Destritying Physicisn: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. To the Hosp within 24 ho To the Fune completely fi 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end pleca, end due to the cause(s) end manner steted. (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) erson who completed cause of gleeth (Item 23e) (Type, Print) 30. Neme end/eddress of 05 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State what Davidson Registrar DEC 31 1996

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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						Cert	tificate	of L	Death		Re	g. No.	-	10001	
	Physic	ion	1. Decedent's Neme (First, Middle, Last	")			(JAR	REI	TL)		Dete of Death Month		Year 3	3. Time of Death	
	Physic /Medi		ROGI	ER D.				by	ell		centar	8	1996	8608	
	Exami	ner	4a. Facility Name (If not Institution, give	street and number)				4	b. City, Tow	m, or Locati	on of Death	4c. County	ol Death		
			PENINSULA REGIONAL				Milladard	Vanc		SBURY			ICOMIC		
	Funeral Director		5. Social Security Number 6. Se 218–44–4857	x 7. Ag &M 2□ F	e (In yrs. last bii	Yrs.	If Under 1 Months	Days	If Under 2	Min. Sep	Dete of Birth Month, Day, tember	Year) 29, 1945	9. Birthplec Country) West Vi	e (State or Foreign irginia	
	/land		10a. State 10b. County		10c. City, Tow	n or Loca	ation						10d.	Inside City Limits	
	the Men 28a-f at norfled	Director	Maryland Somers	set 		Cri	sfiel				10	a China at h	10-10-10-10-10-10-10-10-10-10-10-10-10-1	Yes 2 No	
	23a or		415 Myrtle Street				Tot. Zip C	ode	2181	7			S.A.		
020	s 1 and 2 should be filed within 72 hours after death with the Menyland I Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28=6 show other traumatic event, the Medical Examinet must be notified at	by Funeral	11. Marital Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 X Yes 2 1 If Yes, Give Yeer or Detes:	No ·	11	es Deceder Yes, specify	Cube	spenic Origin, Mexican, Specify:	In? (Specify Puerto Rice	Yes or No- in, etc.)		e - American ok, White, etc. :: Whit		
0200-91212	filed within 72 he Hygiene. Wher than "natus ent, tre Medical	Completed	15. Decedent's Ed. (Specify only highest gred Elementery/Secondary (0-12) Grade 10		5+)	(Give k	O NOT use	done a	furina most o	of working	1	6b. Kind of Bu			
	Hygier other	BeC	17. Father's Neme (First, Middle, Last)			erue.			18. Mother	's Neme (Fi	rst, Middle, M	eiden Suman	ructio	Ш	
maryland	Mental Merical	To B	Emerson E. Jarrell	L					Blor	ndell	Helmic	ck			
a	and Menia marke		19a. Informant's Neme/Relationship (T)	rpe, Print)	196	. Mailing	Address (Street	and Number	or Rurel Ro	ute Number,	City or Town,	State, Zip Co	ide)	
_	of Health a itam 27 is		Shirley Back (Sist	ter)	10	0287	Asto	ria	Road	- Ger	mantov	m, Ohi	o 453	327	
Ilmore,	00		20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City								City or Town	State			
	Pages ment of amt: If its ury or o		4 Donation 5 Other (Specify) Salisbury Crematory - 12/31/96 Salisbury										oury, M	D	
Rail	permit. Pag Department Important: II any Injury o		21. Signature of Fundamental Suprice Learning and Address of Facility Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21817												
	Physician /Medical		23e. Pert1. Enter the disease, or compleshock, or heart lailure. List only o	lications that caused ne cause <i>on</i> each ill	I the death. Do	not enter	r the mode	of dyling	g, such as c	ardiac or re	spiratory erre	st,	Ar Int Or	oproximate terval Between nset and Deeth	
	Examiner	L	disease or condition resulting in deeth)	аС	Due to (or es a			06	ATH	67			M	10N7HS	
-	bed ist	Examiner		b											
,	execut n and lal-trar	Exar	Sequentially list conditions, if eny, leading to immediate		Due to (or es e	consequ	enca of):						i		
09/90	rsicial e buri	edicai													
×	sath certificate be executed attending physician and for use as the burial-transit	3	d												
. 00	death e atter ed for u	Physician	Pert II. Other significant conditions con	ntributing to death by	ut not resulting l	n the unc	derivina cau	se give	en in Part I.		23b. Did tot	oecco uss co	ntributs to th	e causs of death?	
, ,	the ach											8 2□ No		ly 4 🗌 Unknown	
ecorus,	aw requi	Completed by									24a. Was an perform		avelia	autopsy lindings ble prior to letion of cause ath?	
	The ate h	Son									1□ Yes	2 X No	1 🗆 Y	es 2 No	
2	yalcian: The is certificate director, pag	Be (25. Was case referred to medical examiner?							of Death (C	heck only one)			
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_	D 00	ation:	27. Menner of Death 1. ☐ Natural 5 ☐ Pending 2 ☐ Accident investigetion	Time of Injury	M 280	Injury Work	ret ⟨? Yes 2 □ N		28d. Describe how Injury occurred						
DIVISION	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fur	Certification:	3 Sulcide 8 Could not be determined 28e. Placa of Injury - At home, Ierm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number City or Town, State)								er or Rural Re	oute Number,			
	Hospit 24 hour Funeraletely fille	edicai (29a. Certifier 1 Certifying Physical Certifier 2 Medical Examination	sician: To the best of ner: On the besis of and menner sta	examination an	e, deeth o	occurred et estigation, Ir	the tim	e, date and pinion, death	place, and occurred e	due to the car t the time, da	use(s) and me te and place,	enner es state and due to the	d. e cause(s)	
	Within To the	Me	29b. Signature end title of cartifier				29c. l	icense	number		29	d. Dete signe	d (Month, De)	r, Year)	
			Ran				D.	38:	353			12/0	29/9	6	
			30. Name and address of person who con RENE DESMARIU	empleted cause of delivery of the cause of delivery of the cause of delivery of the cause of the	560 f	SIVER	rint) eside	10	n, B	101.	SALISE	burn	me. a	1801	

State Registrar

State of Maryland / Department of Health and Mental Hygiene

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							- (Certifi	cate of	Death			Reg. No.	3.0	705.	, ,
	Physici	an	Decedant's Nama (First, Middle	a, Last)								2. Data of De Month	eath Day	Yaar	3. Tima of E	Death
8	/Medic		CHARLES		(NMN)		JAC	KSON	. JR	•		DECEME			8:05	A.M.
	Examir	er	4a. Facility Nama (If not institution	, giva s	treet and number	er)				4b. City, To	own, or Lo	ocation of Daat	h 4c. Cour	ity of Deeth		
			ANNE ARUNDEL M	EDI	CAL CENT	ER					ANNA	POLIS	ANI	NE ARU	INDEL	
	Funeral Director		5. Social Sacurity Number 283-18-9144	6. Sax	M 2□F	Aga (In yrs. 1			Undar 1 Yaar onths Days		24 Hrs. Min.	8. Data of Bi (Month, Di 03-08-	th ay, Yaer) 1922	Cou	placa (Stata or ntry) UCKY	Foreign
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Maryler	-f show	tor	10a. State 10b. County					or Locatio							10d. Inside City 1 ☐ Yas	
the state of	288	Director	MARYLAND AN	NE_	ARUNDEL	S	EVEF	NA P	ARK Of. Zip Code			I	10g. Citizen o	(What Cou	ntn/2	
ath with	items 23a or her must be	rai Di	7 MARBURY ROAD						211	46			-	J.S.A.	•	
r de	ama at E	Funerai	11. Marital Status	1	Was Decedar Armad Forca	nt Evar in U, s?	S.	13. Was	Decadant of I	Hispanic Ori	igin? (Spa	acify Yas or No Rican, atc.))- 14. R	aca - Amaridack, Whita,		
21215-0020 within 72 hours efter death with the Marylend	8	þ	1 ☐ Navar Marriad 2 ☒ Marri 3 ☐ Widowed 4 ☐ Divorced	ed	1 ☐ Yas X If Yes, Give Yaar or Datas				as 21XNo				Spec		ITE	
5-0 72 he	natural',	Completed	15. Decedent (Specify only highas	's Educ	ation completed)		16a. [ecedant's	Usual Occup	pation	t of work	ina	16b. Kind of	Businass/In	dustry	
vithin	Mer.	npidu	Elamantary/Secondary (0-12)	group	Collaga (1-40	r 5+)	,	ife. DO N	of work dona IOT usa retire	d)	COLMON	riy				
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Maryland	in end Mental Hygiene. 7 is marked other than traumatic event, the M	To Be	17. Fathar's Name (First, Middla, I CHARLES	Last)	н.	JAC	KSON	Ι.	SR.	18. Mothe		ı (First, Middla	, Maidan Suma]	ama) BAER		
laryla 2 should	s ma		19a. Informant's Neme/Ralationsh	alp (Typ	e, Print)		19b. I	Vailing Ad	drass (Street	and Numbi	ar or Run	il Routa Numb	er, City or Tow	n, Stete, Zip	Coda)	
7.3	= 01 -		LILLIAN C. JAC	KSO	N (WIFE	Ξ)	7 1	IARBU	RY ROA	D. SE	VERN.	A PARK	MARYL	AND 2	21146	
G 87	5 - 2		20a. Mathod of Disposition **D Burial 2 D Cramation		amoval from Stat	ta Ce	ematary,	cramator	(Nama of y or other pla		DIE 1	Data	20c. Location			
1	Department Important: If any injury o	ŀ	4 Donation 5 Other (Sp. 21, Signature of Puners) Service L			GLE	N DA		ma and Addra				GLEN I			
Dall permit.	Department important: I any injury o once.		NA	9	/						. 51.		FUNER			,
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	ysician		23a. Part1. Entar t disaa e, rr shock, or haart fellura. List o	only on	a causa on eech	line.	i. Do no	t antar the	a moda or dyi	ng, such as	cardiac	or raspiratory a	rrest,		Approximata Interval Batwo Onsat and De	een
	/ledicai aminer	Н	Immediata Ceuse (Final disaasa or condition			Cowl	dia	c (ames	t					486	
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58 / 5U, flicate be ex	cian		Sequentially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaase or injury		u	orono	ш	Av	tem	dise	ase					
Sate Cate	5.5	/Medical	that initiated evants rasulting in daath) Last	0.		Dua to (or		nsequanc	e of):							
Certific	ding p	Me														
death c	attend for us	an		— u.									-	1		
. eg	the a	Physician	Part II. Other significant condition	ns cont	ributing to daeth	but not rasu	lting in t	ha undarl	ylng causa giv	van in Part I		23b. Dld	tobacco use c	ontribute t	the cause of	death?
T E		by Phy										10	Yes 2□ No	3 Pro	bably 4⊡U	Inknown
Mecords,												24a. Was	an autopsy ormed?	av	are autopsy fin ailable prior to mpletion of car	
= F	ate hes page 2	Completed										10	Yas 30 No		déath? ∃Yas 2⊟N	lo
VICAL Sician: T			25. Was casa rafarrad to medical axaminar?			-11				28. Plece	of Death	(Check only	one)			
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			27. Manner of Death 1 ☑ Naturel 5 ☐ Panding 2 ☐ Accident Invastigi		28a. Data of In (Month, D	jury Jey Year)	28b. Tin Inju		28c. Injui Woi 1	yat rk? Yes 2 □		28d. Dascribe	how Injury occu	urred		
OIVISION or Attending	Director:	ertification:	3 ☐ Sulcida 8 ☐ Could no 4 ☐ HomicIda datarmii		28a. Place of li building, a	njury - At hor atc. (Specify,	ma, farm	ı, streat, fa	actory, offica		- 1	28f. Location (City or To	Street and Num wn, Stete)	nber or Rura	I Routa Numbe	97,

To the Hospital or Attending Phys within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral di

29a. Cartifiar (Check only one)

The Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29b. Signatura and titla of certiflar

29d. Data signed (Month, Day, Year)

30. Nema and address of person who complated causa of deeth (Itam 23a) (Type, Print)

BARBARA L. BEAN, M.D., 900 BESTGATE ROAD, SUITE 300, ANNAPOLIS, MD. 31. Data filed (Month, Day, Year)

State Registrar

Medical Certification:

DEC 27 1996



6 - 6 D D T Co. St. Co.

State of Maryland / Department of Health and Mental Hygiene 41999 Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** S. 1996 TAMES :30 Am /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 848 RITCHIE HIGHWAY SEVERNA PARK ANNE ARUNDEL tf Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth | Months | Devs | Hours | Min. | (Month, Dey, 5. Sociei Security Number 7. Age (In yrs. lest birthdey) 9. Birthplace (State or Foreign **Funeral** Deys Months 1 XM 2□ F Yrs 216 22 3590 Director 70 SEPT. 10 1926 MARYLAND Usual Basidance of Decedent filed within 72 hours after death with the Maryland Hygiene. 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show if then "naturel", or items 23a or 28a-f shows the Medical Examiner must be noticed at 1 XYes 2 No Director MARYLAND ANNE ARUNDEL SEVERNA PARK 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? US 848 RITCHIE HIGHWAY 21146 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 (2) Yes 2 □ No if Yes, Give Yeer or Detes] 945-46 13. Wes Decedent of Hispanic Origin? (Specity Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritei Stetus 14. Race - American Indian, Bieck, White, etc. 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 BLACK 1 Yes 2 No Specify þ 3 ☐ Widowed 4 ☐ Divorced neturel. Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent'a Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry then . Eiementery/Secondary (0-12) Coilege (1-4or 5+) RADIO TRANSMITTAL PAINTER 12th 0 STATIONAK merked other permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Item 27 is marked othe eny linjury or other traumatic event page. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be PRUDENCE ADAMS CLARENCE JOHNSON 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 848 RITCHIE HIGHWAY SEVERNA PARK, MD. 21146 EDITH JOHNSON (WIFE) 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, Steta 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State MARYLAND VETERAN CEMETERY 12/26/96 CROWNSVILLE, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerei Service Licensee 22. Name end Address of Facility WM. REESE & SONS MORTUARY, P.A. ee 821 WEST ST. ANNAPOLIS, MD. 21401 23e. Pert1. Enter the disease Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical Cancer UEAR Examiner Due to (or as e consequence of): Examine The law requires that the death certificate be executed physician and the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last Due to (or es a consequence of): Division of Vital Records. P.O. Box 68760. Physician/Medical Due to (or es e consequence of): 80 attending p signed by the a d be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 XYSS 2 No 3 □ Probably 4 □ Unknown by been si 24e. Wes an autopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed page 2 s 2 No certificate 1 Yes 1 TYes 2 No Hospital or Attending Physicien: director Be 25. Wes case referred to medical exeminer? 26. Plece of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred After 1 Neturei 2 Accident 5 Pending investigation death. 1 Yes 2 No hours after deat To the Hospital or Atter within 24 hours after dea To the Funeral Director completely filled in by th 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner as stated.

Madical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and piece, and due to the cause(s) end menner stated. 29e. Certifier Medical

State Registrar

29b. Signeture end thie of certifier

31. Dete filed (Month, Dey, Year)

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30. Name end eddress of parson who completed cause of death (Item 23e) (Type, Print)

3 0 1996

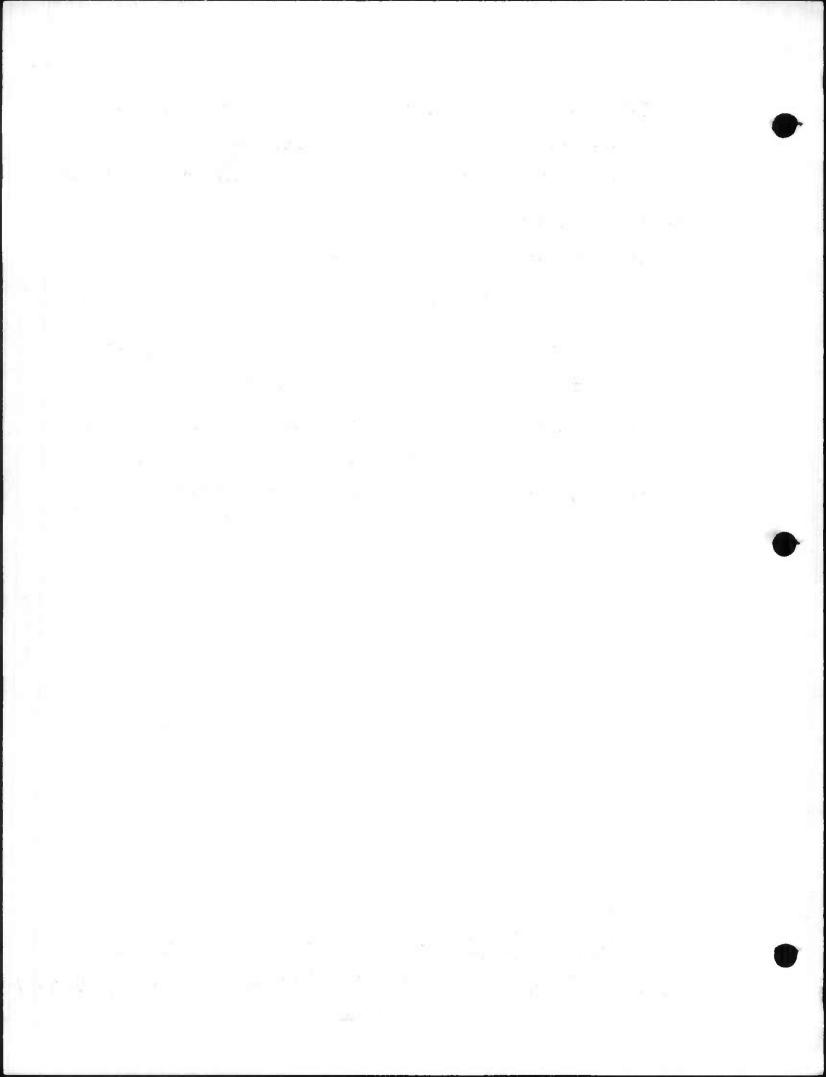
32. Registrer's Signeture

Julia Davidson

DHMH 16 Rsv 6/95

29c. License number

29d. Date signed (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene 96

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State 31. Date filed (Month, Dey, Year) 32. Registrar's Signature			/	30. Name and address of person who			a) (Type, F	Print)					
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